A MIND LIBERATED FROM ALCOHOL AND DRUGS

BUDDHIST PSYCHOLOGY MANUAL OF PREVENTION AND TREATMENT

SHAKYA NANAYAKKARA

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Preface

Alcohol and drug use is a global problem in both developing and developed countries and its prevention has become a priority in many communities worldwide. This is mainly due to the negative impact of alcohol and drug use over humans on physical, mental, social, and spiritual well-being and the high expenditure on those substances, particularly among low-income families. Alcohol and drug use, if prevented could facilitate development and improve the quality of life. In the past, the efforts of managing the problems related to alcohol and drugs mostly focused on the policies that control the availability of those substances.

Individuals use alcohol tobacco and other drugs as they have developed attachment and cravings for those drugs. When this attachment or craving for alcohol or drugs is removed, they can easily quit alcohol or drug use without having any relapses. Children and youth also could be prevented from initiating drug use with the right kind of education through threefold training and developing necessary wisdom. Buddhism discourages alcohol tobacco and other drug use in all its forms. In Buddhist teachings, very fundamental ethical rules that a practicing lay Buddhist or clergy is expected to follow, are the five precepts *pancha sīla* and the fifth precept of that is abstinence from alcohol and other intoxicants. Buddhist Psychology is enriched with various techniques and methodologies to remove attachment and craving. These methods could be adopted for the prevention and treatment of alcohol and drug use.

This book discusses firstly the motives, aetiology, and psychopathology of alcohol and drug use through the Buddhist perspective such as proliferation (*prapanca*), pervasions (*vipallāsa*), attachment, and defilements; secondly analyses the alcohol and drug use behaviour and intentions of getting out of addiction, through Abhidhamma citta and cētasika vibhāga, using unwholesome and wholesome consciousness. Next, the book identifies and analyses how Buddhist Psychology could address to bring an everlasting solution for addictive behaviours, developing virtue, concentration, and wisdom, using Satara Satipatthana and various other methods enshrined in early Buddhist literature, as tools for cognitive and behavioural transformation towards abstention.

As Buddhism has the solution for alcohol and drug problems, every Buddhist vihara, monastery, or meditation centre should be a centre for treatment and prevention. This book will help a kalyāna mitta to help the children youth and alcohol or drug users to liberate their minds from alcohol and drugs. This is the first draft of the book and I will write a longer preface in the finalised book, mentioning the individuals who contributed to and supported me to develop this manual. I thank FORUT International and Health Lanka for supporting me in this endeavour and I request you to try this manual in your communities and treatment settings. Please provide me with your ideas and suggestions.

Shakya Nanayakkara
14.06.2022 shakya@healthylanka.lk
Gampaha, Sri Lanka
WhatsApp/ phone; +94773786788

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(This is the first draft (unedited version) of the book)

This book is dedicated to my mentor Professor Diyanath Samarasinghe

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Buddhist Perspective of Alcohol and Drug Use 1

Known History of Intoxicant use and controls

The practice of using intoxicating substances as mood enhancers has been in existence since the beginning of human civilization. Alcohol or ethanol is one of many intoxicants that have been used in several cultures for millennia. While the actual origin of alcohol is unknown, there is evidence suggesting that the use of alcohol dates back to the Neolithic Period, to about10, 000 BC (Hanson 1997-2013). Mead, one of the oldest known forms of alcohol produced for consumption, is an intoxicating drink made from fermented honey brewed as early as 8000 BC. Throughout history, alcohol has served a wide range of functions in society from being used as a medicinal substance with antiseptic and analgesic properties (Hanson 1997-2013), to being considered a medium of sociability and celebration often perceived as a marker of status. Alcohol's long history is also evident when looking at the decline of the Roman Empire, a major turning point in world history estimated to have occurred in 476 AD, which has been attributed by some historians to alcohol. Before modern science, many religions including Buddhism, Islam, Christianity, and Hinduism recognized the negative consequences of alcohol use.

Today alcohol, after caffeine, is regarded as the most commonly used mood-altering substance. The production of alcohol has seen great changes since pre-modern times. Though some societies still follow traditional methods of producing alcohol, industrial methods of production are widely used in many countries and are fast replacing or displacing traditional methods. Alcoholic beverages produced through modern methods are also replacing or displacing certain traditional varieties of alcohol. This process of displacement, initiated during the European colonial era, continues in several countries and is further driven by mass marketing and other promotions, particularly for European-style alcoholic beverages.

Despite its popularity and the fact that many would not consider it to be a drug, alcohol's adverse effects have long been known. At present, despite the existing formal restrictions on the trade of alcohol and the scientific evidence proving its harmful effects on the body, alcohol continues to be responsible for more cases of the disease, disability, and death than both tobacco and illicit drugs (Murray and Lopez, 1996). The official restriction on alcohol dates back thousands of years and is said to have been included in the earliest legal documents. For example, the Code of Hammurabi, the earliest known written legal code composed in about 1780 BC, included three articles governing the behaviour of tavern keepers (Hammurabi, 2000: 108-110; Gruenewald, 2013).

The traditionally and legally permitted uses of alcohol do not alter the nature of its effects. Ethyl alcohol acts as a potent depressant on the central nervous system and could be very dangerous, even lethal when consumed in large quantities. While those who consume alcohol regularly are at the risk of becoming dependent on it, prolonged use of alcohol could devastate physical, social, emotional, and spiritual health. According to the World Health Organization (2013), dependence is described as an extreme form of psychological and physical interaction

between an individual and a particular thing or person in that the individual depends on the thing or person to function normally or survive. In terms of alcohol, in particular, dependence involves repeatedly using alcohol to ensure a favourable state of existence or to avoid a state that is not favourable. Dependence is characterized by behavioural and other responses that include the compulsion to use alcohol on a continuous or periodic basis to experience its perceived effects and sometimes to avoid the discomfort of its absence. While all alcohol users may not show constant tolerance to the substance, one user may be dependent on more than one drug at a time.

The prevention of alcohol tobacco and other drug use is regarded as a high-priority social development issue today considering its adverse effects on the individual, the family, and the community. This is especially taking into account the high prevalence of the use of drugs and the related problems in society. One of the main reasons for the high prevalence of alcohol and drug use is its widely perceived image as a desirable substance built upon the various expectancies held towards it. A very important starting point in challenging the use of alcohol or drugs effectively is then to reduce the positive outcome expectancies related to them. This book aims at providing basic knowledge on how alcohol and drug expectancies could be challenged towards effectively enabling users to become free from alcohol and drug use and dependency based on Buddhist psychology.

Alcohol and Drug Use in Buddhism

Buddhism discourages alcohol tobacco and other drug use in all its forms. In Buddhist teachings, very fundamental ethical rules that a practicing lay Buddhist or clergy is expected to follow are the five precepts *pañca sīla* and the fifth precept of that is abstinence from alcohol and other intoxicants. According to world health organization (WHO) reports, worldwide, 3 million deaths every year result from the use of alcohol, this represents 5.3 % of all deaths. The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people a year around the world. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke. Around 275 million people use drugs worldwide in 2020, while over 36 million people suffered from drug use disorders, according to the 2021 World Drug Report, released by the United Nations Office on Drugs and Crime (UNODC).

Load Buddha in his major suttas that address lay disciples and about Buddhist code of discipline (*gihi Vinaya)* for householders has mentioned the adverse effects of the use of intoxicants such as alcohol and drugs and strictly advised reasoning, to avoid the use of such substances. The Sigālovāda Sutta is one such sutta that explicitly explains the family and social relationships and provides important instructions and teachings that pertain to man's socio-economic and spiritual progress. Sigālovāda Sutta explains six ways of squandering or wasting wealth and spending money on alcohol use is one of the six.

Katamāni cha bhogānaṃ apāyamukhāni na sevati? Surāmerayamajjapamādaṭṭhānānuyogo kho gahapatiputta bhogānaṃ apāyamukhaṃ. Vikālavisikhācariyānuyogo bhogānaṃ apāyamukhaṃ. Samajjābhicaraṇaṃ bhogānaṃ apāyamukhaṃ. Jūtappamādaṭṭhānānuyogo bhogānaṃ apāyamukhaṃ. Pāpamittānuyogo bhogānaṃ apāyamukhaṃ. Ālassānuyogo bhogānaṃ apāyamukhaṃ.

"And what six ways of squandering wealth are to be avoided? Young man, heedlessness caused by intoxication, roaming the streets at inappropriate times, habitual partying, compulsive gambling, bad companionship, and laziness are the six ways of squandering wealth.

When describing the ways of wasting money of a layperson, Buddha identified *Surā meraya majjapamādaṭṭhānānuyogo* that is indulgence in intoxicants that cause infatuation and heedlessness, as the very first point and it is even a truth for today when analysing the causes for poverty among poorest of the poor. The other five points described in the sutta also have a direct link to alcohol and drug use. People who use alcohol are sauntering in the streets at unseemly hours moving from pub to pub all night long and this problem is termed binge drinking, a pattern of drinking that brings a person's blood alcohol concentration to a dangerously high level. Due to the alcohol use in this manner, the quality time that they should spend with family members becomes limited and the safety of the family members is also put at a risk on many nights.

Individuals who use alcohol are indulged in habitual partying and they accompany their alcohol use with singing, dancing, music, and many other recreational occasions. Modern-day gambling such as casinos mostly involved alcohol and a variety of drug use. Alcohol and drug use are not done in isolation. They have a drinking company, a group of people together promoting and dragging each other for the alcohol or drug use behaviour. Using alcohol and drugs leads to laziness both physically and mentally. From the moment one starts using alcohol or drugs he becomes dizzy and drowsy, making all his actions and functions slow. The following day, he feels tired and hungover, experiencing a variety of unpleasant physiological and psychological effects which make him lazy. His ability to work effectively and engaged efficiently in livelihood activities will be reduced so that his earnings will be in jeopardy.

Next, this Sigālovāda Sutta explains six evil consequences of indulging in intoxicants which cause infatuation and heedlessness.

Cha kho'me gahapatiputta ādīnavā surāmerayamajjapamādaṭṭhānānuyoge: sandiṭṭhikā dhanajānī, kalahappavaḍḍhanī, rogānaṃ āyatanaṃ, akittisañjananī, kopīnanidaṃsanī paññāyadubbalīkaraṇītveva chaṭṭhaṃ padaṃ bhavati. Ime kho gahapatiputta cha ādīnavā surāmerayamajjapamādaṭṭhānānuyoge.

(i) loss of wealth, - *sandiṭṭhikā dhanajānī*
(ii) increase of quarrels, - *kalahappavaḍḍhanī*
(iii) susceptibility to disease, - *rogānaṃ āyatanaṃ*
(iv) earning an evil reputation, - *akittisañjananī*
(v) shameless exposure of the body, -*kopīnanidaṃsanī*
(vi) weakening of intellect. - *paññāyadubbalīkaraṇītveva*

Loss of wealth, - *sandiṭṭhikā dhanajānī*

It can be observed in most the developing countries, among the large number of families living below the poverty line, a sizeable portion of the family income is spent on alcohol tobacco, and other drug use. Some estimates show the average amount spent in each family on alcohol tobacco and drugs to be as high as two-thirds of their total income. While the direct impact of alcohol consumption, namely morbidity and mortality, are more clearly visible and tend to receive considerably more attention from those involved in preventive efforts, the indirect impact of the high expenditure on alcohol is far greater, imposing an immense economic burden

on the families most stricken by poverty, particularly in terms of nutrition, housing, education, maternal health, and child care.

When initiating community action in development work, community members could be asked to calculate the amount that the community spends on alcohol, drugs, and tobacco. This can be calculated with data available at the national level adjust or extrapolate to the community level or observing the expenditure by a representative sample in the community and generalized that number to population figures or the number of families. When calculated, many are surprised to see the huge amount of money spent by the community on alcohol tobacco, and drug use. Reducing this by 50 per cent may probably solve many problems related to poverty in such communities.

Individuals who are still in the use of alcohol tobacco or drugs can calculate their daily, monthly, or annual expenditure on these substances and project how much are they going to spend if they continue the use in the next ten years. Further, they can visualise if that money is saved and utilized wisely, and what could be achieved. Family members also could work on the same calculation regarding their fathers' or husbands' substance use and start a dialog within the family about preventing or reducing the expenditure.

Increase of quarrels, - *kalahappavaddhanī*

Alcohol and drug-induced misbehaviour or the so-called "drunken behaviour", is a major underlying factor in the social injustices faced directly by the families of users and indirectly by other members of society. Users of alcohol and drugs deliberately make their use of these substances an excuse to avoid or evade family and other responsibilities, break the existing norms and values, and engage in improper and occasionally violent behaviour. This behaviour is often reinforced by the social sanction it receives so that it may sometimes grow in severity reaching a point where the user resorts to intimidating and/or physically assaulting others. In this way, alcohol users are granted a special privilege by their families and by other members of society after having used alcohol.

Even as they suffer physically and mentally, victims of abusive alcohol or drug users continue to believe that the users were unaware of their actions as a result of being under the influence of alcohol and that the abuse was unintentional. Rather than blame the person for their use of alcohol or drugs, they would typically place the blame on the substance itself, pardoning the user's behaviour with statements such, as "one has to stop using alcohol" and "one must not drink too much", both of which are examples of statements generally made in response to alcohol-induced behaviour. There is, however, evidence proving that, contrary to what is commonly believed, individuals are very much aware of their actions even after alcohol use. Those who use alcohol or drugs continue to do so mainly because their behaviour is pardoned and accepted.

Susceptibility to disease, *rogānaṃ āyatanaṃ*

It is well known that a large number of preventable deaths occur annually throughout the world as a result of alcohol tobacco and drug use and that a significant portion of wealth, particularly among low-income families, is spent on substances. Yet, the actual impact of alcohol tobacco, and drugs on physical health tends to be underestimated. In reality, the extent of the adverse effects of alcohol on physical and mental health is immense and leads to the gradual deterioration of the basic quality of life within the family as well as the community. Intoxicants such as alcohol directly affect the health of the user causing discomfort and illness. The greatest

impact of intoxicant use is felt in labour productivity which is significantly reduced due to illnesses resulting from alcohol tobacco and drug use, most of which require extensive treatment.

Alcohol and drugs have also been connected to a wide range of social problems. Rape, theft, and violence, for instance, are among the many crimes that are often connected to alcohol. These problems seriously affect the physical and mental health not only of the users and their families but of other members of society as well. While the mental suffering of the victims of alcohol-related misbehaviour can have adverse effects on their overall wellbeing, the users too may suffer mentally due to their dependence on alcohol which in turn could be very damaging. Alcohol or drug users also prevent themselves from reaching their fullest intellectual, social, and emotional potential as a result of substance use. It may be said that the indirect consequences of alcohol use are just as serious as its direct consequences and therefore require equal attention. Yet, health workers and other responsible persons tend to focus more on the direct health problems connected to alcohol pr drugs often neglecting its indirect consequences either as a result of being unaware or underestimating the full extent of the latter.

Earning an evil reputation, *akittisañjananī*

When a person becomes dependent on alcohol or drugs his whole life started to revolve around this alcohol or drug use behaviour, neglecting his other life activities. Even in the modern-day DSM 5 explains substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria and it explains the pathetic situation and ill reputation of alcohol or drug users.

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from the use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Need more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

This negligence and noncaring nature make the alcohol or drug user vulnerable and subject to other extreme forms of social exclusions, notably homelessness, persistent offending, and sometimes street prostitution. They will face a range of employability barriers and other social and criminal justice problems. Labelling them by the society as alcohol abusers or drug users affects their family members and most often, these family members also become marginalized and live-in shame. This condition is termed co-dependency.

Shameless exposure of body, *kopīnanidaṃsanī*

When someone starts habitually using alcohol or drugs, he starts disrespecting and violating others' rights and this begins with his own family members. He habitually starts neglecting his household responsibilities and gradually expand this attitude and irresponsible behaviours toward wider society. His shame and fear (*hiri*) for unwholesome deeds gradually decline and they develop the two unwholesome mental factors *ahirika* and *anottappa*. Shamelessness (*ahirika*) is the absence of disgust and shamelessness at bodily mental or verbal misconduct, a status of lacking moral shame. Fearlessness of wrongdoing (*anottappa*) is the absence of dread of committing a bodily mental or verbal misconduct and it occurs due to a lack of respect for self and lack of respect for others. We have to understand that this behavioural transformation occurs not due to the chemical or pharmacological effect of alcohol but as an adaptation to the alcohol or drug use behaviour.

Even today it can be seen at the village level, that after using alcohol some people go on the roads abusing others and shamelessly exposing their private parts of the body. They walk like this, pretending that they do not know what is happening and exhibiting to others that they are under the influence of alcohol. But if a police officer with a uniform or a village bully comes to the scene all of a sudden, they become respectful, well behaved, and mostly pretend that they haven't used alcohol or drugs.

Weakening of intellect. *paññāyadubbalīkaraṇītvev*

Alcohol and drugs can damage brain cells. Specifically, it can damage the dendrites of neurons. Dendrites are specialized protrusions of neurons that bring information into the cell body. Thus, damaging the dendrites can cause problems in the relaying of information between brain cells. This damage particularly occurs in the cerebellum, which is the part of the brain concerned with learning and motor coordination. 2500 years ago, Load Buddha has mentioned this in Sigālovāda Sutta as alcohol weakens the intellect and cognitive functioning - *paññāyadubbalīkaraṇītveva.*

As we are going to discuss in detail in some chapters to come, alcohol tobacco, or drug use is done through unwholesome consciousness (*akusala citta*) with unwholesome mental factors (*akusala cētasika*). Wisdom (*paññā*) being a wholesome mental factor does not get opportunities to operate in alcohol or drug users' consciousness so that, day by day their intellect becomes weaker.

Sigālovāda Sutta has identified six evil consequences of sauntering in the streets at unseemly hours. As most alcohol addicts and drug users do not come home till late at night these evil consequences are relevant to alcohol and drug users as well.

> *Cha kho'me gahapatiputta ādīnavā vikālavisikhācariyānuyoge: attā'pi'ssa agutto arakkhito hoti puttadāro'pi'ssa agutto arakkhito hoti, sāpateyyampi'ssa aguttaṃ arakkhitaṃ hoti, saṅkiyo ca hoti pāpakesu ṭhānesu, abhūtavacanaṃ ca tasmiṃ rūhati,*

bahūnañca dukkhadhammānaṃ purakkhato hoti. Ime kho gahapatiputta cha ādīnavā vikālavisikhācariyānuyoge.

(i) he himself is unprotected and unguarded,
(ii) his wife and children are unprotected and unguarded,
(iii) his property is unprotected and unguarded,
(iv) he is suspected of evil deeds,
(v) he is subject to false rumours,
(vi) he meets with many troubles.

In the same sutta, the Buddha has mentioned six evil consequences of associating with bad friends (*Pāpamittānuyogādīnavā*)

Cha kho'me gahapatiputta ādīnavā pāpamittānuyoge: ye dhuttā, ye soṇḍā, ye pipāsā, ye nekatikā, ye cañcanikā, ye sāhasikā, tyāssa mittā honti. Te sahāyā ime kho gahapatiputta cha ādīnavā pāpamittānuyoge.

"There are young householders, these six evil consequences in associating with evil companions, namely: any gambler, any libertine, any drunkard, any swindler, any cheat, any rowdy is his friend and companion.

In his famous statement, "Man is, by nature, a social animal", the great thinker Aristotle describes the innate need human beings have for a meeting, interacting, and maintaining relations with each other. Communicating with others is essential in day-to-day life. It is common among peer groups to meet occasionally at a particular location to engage in friendly conversation and share in good humour. More often than not, such meetings take place along with the sharing of food and drink. While alcohol is one of the items shared in this way at casual meetings, in some groups the use of alcohol is compulsory. The passing around of the bottle of alcohol or the toasting and raising of glasses contribute to the feeling of togetherness and solidarity that strengthens the bond between the members of the group. Eventually, alcohol becomes symbolic of this feeling of solidarity as well as of one's membership in the group and as the aim of many who aspire to enter the group is to be accepted as equal members, they too would initiate the use of alcohol when meeting with the group and may continue using it simply to escape being cast out. This implies that they are less dependent on alcohol than they are on their peer group.

When looking at the larger social context, alcohol use is most often seen at private events within the family and larger social events that normally take place either during times of leisure and festivity or simply during times of relaxation when there is no festive occasion in particular. Individuals, both young and old, sometimes drink at family celebrations and at meetings with peers that give acceptance to alcohol use in social settings.

When someone is trying to quit his alcohol tobacco or drug use, his drinking, drug-using, or smoking partners do not easily allow him to quit. They usually praise and provide some attractive reasons for continuing the substance use and discourage the attempt of such quitting.

Buddha has mentioned nine reasons that will destroy a man and using intoxicants is also mentioned as one of the reasons;

Akkhitthiyo vāruṇī naccagītaṃ
Divāsoppaṃ pāricariyā akāle
Pāpā ca mittā sukadariyatā ca
Ete cha ṭhānā purisaṃ dhaṃsayanti.

"Dice, women, liquor, dancing, singing, sleeping by day, sauntering at unseemly hours, evil companions, avarice — these nine causes ruin a man.

Akkhehi dibbanti suraṃ pivanti
Yantitthiyo pāṇasamā paresaṃ
nihīnasevī na ca vuddhasevi
Nihīyare kā'apakkhe'va cando.

"Who plays with dice and drinks intoxicants, goes to women who are dear unto others as their own lives, associates with the mean and not with elders — he declines just as the moon during the waning half.

Yo vāruṇī adhano akiñ cano
Pipāso pivaṃ pāpaṃ gato
Udakamiva iṇaṃ vigāhati
Akulaṃ kāhiti khippamattano.

Who is drunk, poor, destitute, still thirsty whilst drinking, frequents the bars, sinks in debt as a stone in water, and swiftly brings disrepute to his family.

Na divāsoppasīlena rattimuṭṭhānadessinā,
Niccaṃ mattena soṇḍena sakkā āvasituṃ gharaṃ.

Who by habit sleeps by day, and keeps late hours, is ever intoxicated, and is dissolute, is not fit to lead a household life.

The Five Precepts

Abstinence from alcohol and other intoxicants is one of the Five Precepts, the very basic code of ethics, the bare minimum, undertaken by practicing Buddhists, both laymen and clergy alike. The Five Precepts are essential in maintaining one's morality, or *sīla*. These Five Precepts are recited as part of almost every Buddhist ceremony or sermon as a regular practice. Breach of this Precept by Buddhist monks is a *pācittiya* offense, deserving of confession, but practicing Buddhists are expected to regulate their own behaviour, as it is a personal matter, with no authority punishing non-observance.
The precept is recited in Pali as follows:

Surāmerayamajjapamādaṭṭhānā veramaṇī sikkhāpadaṃ samādiyāmi

A literal reading of the Fifth Precept in English is:

> "I undertake the training rule to abstain from **fermented drink** that causes heedlessness."
> "I undertake the precept to refrain from **intoxicating drinks and drugs** which lead to / condition to carelessness or heedlessness."

Although the Pali recitation mentions only 3 kinds of intoxicants, *sura* (distilled liquors), *meraya* (fermented liquors), and *majja* (intoxicants), modern-day translations consider the definition more broadly, covering intoxicants including but not limited to liquor and drugs. For example, tobacco or cannabis use in all its forms including smoking or chowing also comes under this precept.

In this precept "*veramaṇī sikkhāpadaṃ samādiyāmi*" is the same as in other precepts, it's "I undertake the precept of abstaining from." Next is the controversial first section including four parts of *Surāmerayamajjapamādaṭṭhānā; sura+meraya+majja+pamada+thana.* Here the word *pamāda* means heedlessness or the opposite understanding of heedful diligence (*appamāda*). *Thana* can be translated as condition, reason, or cause.

It is reported in the viss.wordpress.com/2014/07/22/alcohol-in-the-Theravada-Buddhist-context "that the intent of the Fifth Precept is perhaps more important than the specific types of intoxicants mentioned. The general understanding of the Fifth Precept has been expanded to cover a variety of mind-altering drugs that reduce/weaken awareness. Drugs are taken for medication and consumed as sustenance in tiny amounts (e.g., alcohol-soaked tiramisu) are exempt.

Among kinds of **Surā**, the following are mentioned in the Buddhist sacred scriptures;

1. A wine prepared from rice (*Piṭṭhasurā*)

2. Prepared from sweet cakes (*Pūvasurā*)

3. Prepared from boiled rice and also with ferment and spice (*Odanīyasurā*)

4. Prepared from dregs or sediments of Surā (*Kiṇṇapakkhittasurā*)

5. Prepared from cake or bread (Sambhārasaṃyuttasurā)

Meraya;

a. prepared with extracts of flowers (*Pupphāsava*)

b. prepared with extracts of fruits (*Phalāsavo*)

c. prepared with extracts honey (*Madhvāsavo*) and

d. prepared with extracts of sugar (*Guḷāsavo*) mixed with various spices

7. *Kāpotikā* and *Pasannā*: two other types of liquor mentioned in the Vinaya.

In traditional Theravada interpretation, violation of the Fifth Precept occurs when the four factors are present: (1) the intoxicant; (2) the intention of taking it; (3) the activity of ingesting it; and (4) the actual ingestion of the intoxicant. There is no gradation or a scale of bad or good: basically, Theravada Buddhism makes no difference between having a drink and blacking out from alcohol, whatever the amount, the offense is committed. The Fifth Precept is also unique in that it is the only one that deals with oneself, his body, and mind, while the first four (no killing, no stealing, no sexual misconduct, no lying) are concerned with a person about others. The philosophical reasoning behind this is that indulging in intoxicants influences how a person interacts with others and ultimately increases the risk that he will violate the other four precepts.

Abstinence from intoxicants is central to the Buddhist practice, as it sets the stage for a practitioner to live a considerate and mindful existence, one that is conducive to the development of concentration, wisdom, and ultimately, *Nibbana*. Buddhism is about achieving and maintaining clarity in everyday life, preventing an obscuration of reality, and having ceaseless mindfulness in every action, every thought, and every spoken word, as those are all intangibly tied to karma (*Kamma* in Pali), which governs and explains cause and effect in life. Mind-altering substances can tamper with sustained mindfulness, raising the chances of risky behaviour to the detriment of other living beings, be it oneself, animals, or other people".

Great Buddhist writer and translator Bhikkhu Bodhi in his article "A Discipline of Sobriety, " mentioned that

> *"If we were ordered to walk along a narrow ledge overlooking a sharp precipice, we certainly would not want to put ourselves at risk by first using a few drinks. We would be too keenly aware that nothing less than our life is at stake. If we only had eyes to see, we would realize that this is a perfect metaphor for the human condition, as the Buddha himself, the One with Vision, confirms. As human beings, we walk along a narrow ledge, and if our moral sense is dulled, we can easily topple over the edge, down to the plane of misery, from which it is extremely difficult to re-emerge.*
>
> *But it is not for our sakes alone, nor even for the wider benefit of our family and friends, that we should heed the Buddha's injunction to abstain from intoxicants. To do so is also part of our responsibility for preserving the Buddha's Sāsana. The Teaching can survive only as long as its followers uphold it, and in the present day, one of the most insidious corruptions eating away at the entrails of Buddhism is the extensive spread of the drinking habit among those same followers. If we truly want the Dhamma to endure long, to keep the path to deliverance open for all the world, then we must remain heedful. If the current trend continues and more and more Buddhists succumb to the lure of intoxicating drinks, we can be sure that the Teaching will perish in all but name. At this very moment of history when its message has become most urgent, the sacred Dhamma of the Buddha will be irreparably lost, drowned out by the clinking of glasses and our rounds of merry toasts."*

All these citations very clearly explain that alcohol use leads to *pamada*, heedlessness, or carelessness. In Buddhism *appamāda*, translated to English as diligence, heedfulness, circumspection, or care, is a quality one should cultivate from the beginning to the end of the path to liberation. *Appamāda* is about feeling alive, fully present, and being attentive to what we are doing, and one of the stages of mindfulness. In Dhammapada, *appamāda vagga*

Appamādo amatapadaṁ, pamādo maccuno padaṁ
Appamattā na mīyanti, ye pamattā yathā matā

Heedful diligence is the path to the death-free, heedlessness is the path of death. The heedfully diligent do not die; the heedless are as if already dead even though they are alive.

What we have to question and understand is whether alcohol hinders heedful-diligence *appamāda* or causes *pamāda* the heedlessness due to the pharmacological effects of such substance or is psychological and mind made due to habituation and social learning. It is true that alcohol and many other drugs such as heroin or cannabis slow down the nervous system and act as depressants that create discomfort in the body. After using the substances individual's attention is mostly focused on this discomfort so he loses his concentration on other objects, which leads to heedlessness. Furthermore, alcohol and drugs gradually become the signal (*saññā*) of losing inhibitions through pervasions (*saññā vipallāsa*) and this will be explained in detail in the next chapter.

Parābhava Sutta

Pali word "*parabhava*" can be translated as decline, downfall, or deterioration. In this discourse, from Saṃyutta Nikāya (SN.vs.91-115) the Buddha has described the conditions which would lead to the downfall or decline in the social, moral, and spiritual aspects of an individual. The discourse consists of twenty-five verses and explains twelve such factors that lead to the decay and corruption of beings. One of the verses is as follows;

Itthidhutto surādhutto - Akkhadhutto ca yo naro

Laddham laddham vināseti - Tam parābhavato mukham

The man who is addicted to women (given to a life of debauchery), is a drunkard, and a gambler, and as what he earns gets destroyed due to squandering — these habits are the cause of his downfall.

Surādhutto means a person who got addicted to alcohol use. Here, the Buddha has stated three forms of addictive behaviours that will result in one's decline not only financially but also morally, socially, and spiritually. One who gets addicted to seeking sensual pleasures in sexual misconduct, alcohol or drug use, and compulsive gambling will resort to any other immoral activities as well to fulfil one's demand from addictions. In addition to financial destruction, these addictive behaviours can also result in broken families, serious health problems including death, rejection by society, and involvement with the law. Abstaining from consumption of alcohol and sexual misconduct are two of the five precepts of morality (*pancha sila*) in Buddhist practice and it is said that one who consumes alcohol is also capable of breaking the other four precepts of killing, stealing, sexual misconduct, and telling lies.

Mangala Sutta

The word "Mangala" means "blessing", "auspicious sign" or "good omen" that makes life happy for individuals. Once the Buddha was asked about the true meaning of “blessing” (*Mangala*) and in response, the Buddha delivered the discourse known as Mangala Sutta, in which thirty-eight highest blessings were declared for personal attainment. In that sutta, the following verse declares that refraining from the use of alcohol or intoxicant is a blessing.

Ārati virati pāpā

Majjapānā ca samyamo

Appamādo ca dhammesu

Etam mangala muttamam

To cease and abstain from evil, Abstaining from intoxicants

And to be diligent in practicing the Dhamma; This is Blessing Supreme.

Majjapānā- intoxicating drinks, *samyamo* - refraining; forbearing or abstaining, *appamādo* - diligence; mindful; not heedless; not careless, *dhammesu* - (with) the Dhamma

If someone abstains from using alcohol tobacco or other drugs, he or she could be a healthy, virtuous, and intelligent person. The alcohol or tobacco industry or drug mafia couldn’t fool him and through his penetrative understanding he may have figured out the myths and realities of alcohol and other drugs. He is less vulnerable to dieses and his money is saved so that

Uposatha Sutta AN 8.41

In this Sutta, Buddha explained the nature of the Aryan discipline, specifically saying that all Arahants throughout their life refrain from using liquors and intoxicants as the intoxicants are causing carelessness. Buddha further said "All of you have given up the taking of liquors and intoxicants. You abstain from drink, which causes carelessness. For all of this day and night, in this manner, you will be known as having followed the Arahants, and the Uposatha will have been observed by you. This is the fifth factor of the Uposatha”.

‘‘‘Yāvajīvaṃ arahanto Surāmerayamajjapamādaṭṭhānā pahāya surāmerayamajjapamādaṭṭhānā paṭiviratā. Ahaṃ pajja imañca rattiṃ imañca divasaṃ surāmerayamajjapamādaṭṭhānaṃ pahāya surāmerayamajjapamādaṭṭhānā paṭivirato. Imināpaṅgena arahataṃ anukaromi, uposatho ca me upavuttho bhavissatī’ti. Iminā pañcamena aṅgena samannāgato hoti

"Bhikkhus. Aryan disciples in this Religion reflect thus: "'All Arahants, for as long as life lasts, have given up the taking of liquors and intoxicants (sura-meraya-majja-pamadatthana), of that which intoxicates, causing carelessness. They are far from intoxicants."All of you have given up the taking of liquors and intoxicants. You abstain from drink, which causes carelessness. For all of this day and night, in this manner, you will be known as having followed the Arahants, and the Uposatha will have been observed by you. This is the fifth factor of the Uposatha”.

Advantages of Being an individual abstain from alcohol and drugs;

According to the commentary to the *Khuddakapāṭha*, there are thirty advantages of not taking alcohol and drugs:

Surāmerayamajjapamādaṭṭhānā veramaṇiyā atītānāgatapaccuppannesu sabbakiccakaraṇīyesu khippaṃ paṭijānanatā sadā upaṭṭhitasatitā anummattakatā ñāṇavantatā analasatā ajaḷatā anelamūgatā amattatā appamattatā asammohatā acchambhitā asārambhitā anussaṅkitā saccavāditā apisuṇāpharusāsamphapalāpavāditā rattindivamatanditatā kataññutā kataveditā amaccharitā cāgavantatā sīlavantatā ujutā akkodhanatā hirimanatā ottappitā ujudiṭṭhikatā mahāpaññatā medhāvitā paṇḍitatā atthānatthakusalatāti evamādīni phalāni. Evamettha pāṇātipātādiveramaṇīnaṃ samuṭṭhānavedanāmūlakammaphalatopi viññātabbo vinicchayo.
KhpA. : p. 34

1. Swift recognition of past, present, and future tasks to be done 2. Constant establishment of mindfulness 3. Freedom from madness 15 Possession of knowledge 5. Non-procrastination 6. Non-stupidity 7. Non-drivelines 8. Non-intoxication 9. Non-negligence 10. Non-confusion 11. Non-timorousness 12. Non-presumption 13. Un-enviousness 14. Truthfulness 15. Freedom from malice and harsh speech 16. Freedom from dullness both night and day 17. Gratitude 18. Gratefulness 19. Non-avariciousness 20. Liberality 21. Virtuousness 22. Rectitude 23. Non-angriness 24. Possession of conscience 25. Possession of shame 26. Rectitude of view 27. Great understanding 28. Wisdom 29. Learnedness and 30. Skill in understanding good from harm.

Prevention of Alcohol and Drug Use

Broadly defined, "prevention" is the effort to forestall or reduce the manifestation of a particular negative condition. The approach to alcohol and drug prevention described and discussed in this book focuses on treating the problem at its root rather than on treating the effects of the problem. This approach is best explained through the short anecdote given below.

> There once lived a kind man near the banks of a river where the water was deep and very rough. It was so rough that anybody who tried to cross it not knowing its nature would fall in and get carried away by the strong, powerful current, unable to swim to safety. The man, feeling great pity for the people, took it upon himself to rescue those who fell in and revive them. As he had spent his entire life by the river and knew it very well, this was no difficult task for him. However, the number of people who fell in was increasing rapidly so that before very long the number of people who needed to be rescued was overwhelming. No sooner had he saved one person, than another would cry for help. The man was so busy trying to rescue those who fell into the river, that he had no time to travel upstream to find out why they were falling in. He was therefore left to struggle day after day, dragging countless hapless people out of the river with no hope of stopping them from falling into it once and for all.

This anecdote shows the 'downstream' approach traditionally taken in many societies to meet human needs and solve problems, particularly in counteracting issues such as alcohol and drug use. There is a widespread tendency to wait for the problems to develop until they reach very serious proportions before any form of assistance is given, often at a very high cost. Many alcohol and drug users are rescued only to be sent back to the same environment that led them to the user in the first place so that they are at high risk of reverting to their former habits. Therefore, successful prevention efforts require a 'proactive' rather than a 'reactive' approach focusing on

keeping individuals out of the 'river' rather than attempting to 'rescue them after they have fallen in. This approach does not mean that those already entrapped in the use of alcohol and other drugs would be neglected, but that the attention of the social system would be directed 'upstream', at the cause rather than the effect.

The inability to cope with the complexity and immensity of alcohol and other drug problems in society typically has held to the platitude that "an ounce of prevention is worth a pound of cure". The effort in this respect, however, has never matched the conviction, as observed by Smart (1979), when he stated, "Although an ounce of prevention may be worth a pound of cure, we have not been able to provide a gram of either for alcohol and drug problems".

Types of Alcohol and Drug Users and their distribution in society

Individuals, in general, could be categorized into four major groups in relation to their consumption of alcohol:

- Consistent non-users
- Potential users (Non-users with the possibility of becoming users)
- Occasional users
- Habitual or dependent users

Consistent non-users

Consistent non-users are those who do not use alcohol or drugs such as heroin cannabis or methamphetamine even occasionally. While the majority of the population generally falls into this category, in most cultures the majority among the consistent non-users are women.

Potential users

Those who are at the risk of initiating alcohol or drug use are referred to as potential users. School children and youth, for example, are at a high risk of being exposed to, and later on initiating, alcohol or drug use. This group consists of a fairly large portion of the population, especially in poorer communities.

Occasional users

Occasional users are those who limit their consumption of alcohol to special occasions, seldom or never consuming it regularly. Subgroups such as occasional heavy users and occasional light users may exist within the larger group of occasional users.

Habitual users

Habitual users are those who use alcohol on a daily or regular basis and are dependent on it.

The distribution of persons in an entire population ranges from individuals who do not use alcohol and need no special reinforcing behaviour to prevent the initiation of alcohol use on one extreme to those who use alcohol frequently who are less likely to respond to any prevention initiatives on the other. While this should be taken into account when initiating a prevention programme, the extent of the distribution of the various groups of users and non-

users must also be understood. The main purpose of prevention is to create an environment in which non-users are not induced to use alcohol while users are inspired to reduce or discontinue using it. As each individual varies from the other, working on prevention with different individuals requires an array of intervention strategies to be used with each. Those who fall into the middle groups of the aforementioned range are at high risk of initiating alcohol use and also have the potential to increase the use of the substance significantly. In order to ensure effectiveness, any prevention programme should take these middle groups as their prime target.

The strategies used in prevention could be categorized as primary prevention, secondary prevention, and tertiary prevention. The purpose of primary prevention is to discourage the initiation of alcohol use, especially among children and adolescents. Here, it must be added that primary prevention should target all individuals in a group as it is impossible to predict with certainty which of them are likely to develop an alcohol problem amongst a large number of individuals that have been exposed to alcohol promotion. The purpose of secondary prevention is to discourage the escalation of alcohol consumption by occasional and experimental users and to encourage them to return to non-use. Tertiary prevention strives to end the compulsive use of alcohol and to reduce the negative effects of abandoning its use through treatment and rehabilitation.

Understanding the Aetiology of alcohol and drug use Through Buddhist Psychology

2

Aetiology is the study of the causes of a particular disease. To simplify the complexity of this term about alcohol and drug use, a question can be raised "why do people use alcohol and drugs". The simple answer to this question from both Buddhist and modern psychological perspectives is the same, that is people use alcohol and drugs because they crave alcohol or drugs. This craving (*tanha*) or motivation for alcohol and drug consumption can be broadly explained as desire (*chanda*), holding (*upādāna*), attachment (*pēma, ādāna*), bondage (*bandana*), or attractiveness (*manuññatta*) towards alcohol or drug use. When thinking about designing a treatment plan or developing prevention strategies it is important to analyse how this craving for alcohol developed in the mind of the user.

The use of alcohol and drugs is associated with a complex combination of personal and social factors. In addition to availability, the acceptability of alcohol and the social milieu that recognizes it as pleasurable and positive also promote alcohol or drug use. These factors encourage individuals to initiate and continue the use of alcohol and drugs. Those who are most vulnerable to alcohol use are generally alienated from families, schools, and religious institutions and are also more vulnerable to certain physiological or physical problems. Though those who initiate the use of alcohol and drugs often do so with the expectation that their problems would be alleviated, what happens, in reality, is that the problems they face increase as a result of the consequences of alcohol and drug use.

Many people believe that using alcohol is pleasant and comforting. The same attitude is held by users of tobacco, heroin, cannabis, and other drugs towards those substances. Immediately following the consumption of alcohol, users report a feeling of well-being and reduced anxiety. This leads to the general belief that the effects of alcohol are pleasant (euphoric) and anxiety-reducing (anxiolytic) and users behave accordingly. However, research findings in the area of alcohol expectancies suggest that the euphoric effects of alcohol and drugs such as "getting high" or "getting a kick" occur, not due to the real pharmacological effects of alcohol but due to the individual's expectations and beliefs and attitudes towards alcohol. For example, alcohol impairs the coordination of the limbs; yet some consume it before for instance dance, to perform better. It is, however, the subjective belief that alcohol increases self-confidence that enables better performance. Further, users and non-users alike often believe that alcohol enhances social communication and comradeship. This results in the perception of alcohol as a symbol of camaraderie and as a substance that minimizes social distinctions and differences. Alcohol is therefore expected to be a substance that brings cheerfulness, good fellowship, and friendliness which are highly valued by human beings, and alcohol users are often observed to be more open and talkative following the use of alcohol.

The conventional wisdom or the common place understanding on intoxicants in society is based on the belief that alcohol and other drugs have pharmacological effects on the brain that cause one to lose all inhibitions and engage in behaviours that are not possible when sober. This belief is shared not only by the general public but also by those in the medical and legal professions. Hence, an individual dependent on drugs or alcohol tends to receive less blame

than his or her sober counterpart. Decidedly an advantage to the alcohol user, this general belief also creates a permissive environment in the family, the neighbourhood, and the community, allowing individuals the freedom to behave irresponsibly. Contrary to these popular beliefs, research on the effects of alcohol and other drugs shows that most of the behavioural effects of alcohol are not solely due to its pharmacological effects. For instance, in a study by Shown et al (1980), subjects were asked to rate their expectations on alcohol ranging from a large group of positive expectancies. The analysis of the findings revealed certain expectations that were common globally: social or physical pleasure, assertiveness, and relaxation or tension reduction.

In another study Christiansen, Goldman, and Inn (1982) investigated alcohol experiences among adolescents and listed six factors associated with alcohol. According to the study, the most common expectations of alcohol were that it was a magical transforming agent and that it aids in the reduction of tension or a diversion from worries. There was also the widespread tendency to view alcohol as a substance with the potential to increase power or aggression, that increases social or physical pleasure, and that brings about the modification of social or emotional behaviour. These expectations were common among the users of other drugs such as heroin and cocaine as well. The findings of the study showed that alcohol use was generally viewed as a positive activity not only by users but by a large number of non-users as well. There is a tendency among young people to initiate and continue alcohol use believing that it has positive effects.

Given these widely prevalent attitudes towards alcohol, one may understand that the initiation of alcohol use can be arrested only if the majority of the community can see the total experience of alcohol use as negative and unpleasant. Those involved in prevention efforts must analyse and learn how the forces that promote alcohol use make it appear attractive. They must also learn how these influences on the individual could be counteracted. In taking steps towards the prevention of alcohol use, another important point to note is how the influence of alcohol, based on expectations may vary from person to person.

Alcohol and Expectancies (*appekkhā*): One Gets What One Expects

Broadly defined, alcohol expectancies are the common beliefs concerning alcohol that exist in society. Individuals develop a view or position (*diṭṭhi*) about alcohol and these are the cognitive, affective, and behavioural outcomes that an individual expects to occur following the use of alcohol. Just as expectancies vary from person to person, the nature of these expectancies varies depending on the context. Any kind of expectancies could influence and reinforce the behaviour of individuals. As stated by Marlatt (1990), expectations could motivate individuals to use alcohol by reinforcing its effects. Alcohol expectancies are rooted in the expectations of the alcohol user, a complex bio-psychosocial construct. According to the Expectancy Theory, alcohol-related expectancies are the interaction between alcohol, the environment, and the person. The theory states that people tend to consume higher quantities of alcohol when their expectancies of it are positive as influenced by the environment in which they live.

According to Goldman et al (1990), the effects of alcohol are determined more by the learned expectations of alcohol than by the biochemistry of the substance. Goldman et al (1990) define alcohol expectancy as information that reflects the reinforcement value of alcohol stored in the mind as memory templates that can later influence alcohol use. The information thus stored

could take several forms including language-based information such as words, phrases, and statements related to alcohol and other forms of information that are not language-based. Marlatt and Rohsenow (1980), state that many of the effects of alcohol are the result of individual expectations than of the pharmacological effects of the substance. This is especially true of occasions on which alcohol is consumed in small quantities. Darkes and Goldman (1993) conducted an experiment to measure the effects of alcohol on two groups of subjects, one of which was given the actual drug ('drug treatment group'), and the other which was given a placebo ('non-drug group') and led to believe that the placebo was actual alcohol. Scores were given to each group based on the extent to which subjects showed the effects of the substance they had consumed. When compared, the scores of both groups showed very little difference between the two groups. In another study, a sample of university students was divided into two groups. One was given a substance that closely resembled alcohol but contained no alcohol, and the other was given actual alcohol. It was observed that both groups of students showed similar behaviour regardless of whether or not they had consumed alcohol (MacAndrew and Edgarton, 1969).

Other studies further confirm that expectancies related to alcohol are largely responsible for the behaviour following the use of alcohol. For example, MacAndrew and Edgarton (1969) are of the view that cross-cultural studies are an important means to isolate the pharmacological effects of alcohol from that of alcohol-related expectancies. They state that expectations of alcohol or alcohol expectancies are developed as a result of observing how others react to alcohol and its use. The behaviour observed could vary from person to person and culture to culture so the effects of alcohol vary considerably throughout the world. Lant et al (1975) and other researchers demonstrate that the expectancies of individuals on alcohol influence aggressive behaviour more than any other type of behaviour.

The above studies reveal that the motivation to consume or not to consume alcohol in a given individual at a specific time and place very much depends on the expectancies that the individual holds concerning alcohol. The expectancies of alcohol could therefore be considered the most important factor in determining the final pathway to alcohol consumption. Though the expectancies that control and influence alcohol use are common among all alcohol users these expectancies, unlike many uncontrollable factors, could be modified and changed. Thus, the prevention of alcohol dependence should be geared towards challenging and changing the positive outcome expectancies or wrong cognition of alcohol.

Buddhist analysis of alcohol and drug expectancies (*Vipallāsa* on Alcohol)

People consume alcohol and drugs because they believe that alcohol and drug use are beneficial and pleasurable, and it evokes positive effects such as forgetting problems, relieving tiredness, giving courage and confidence, and many more. These are nothing but distorted views (*diṭṭhi-vipallāso)* of that substance and when someone uses alcohol or drugs they may wrongly perceive that they are enjoying, forgetting problems, and easing tiredness and these are the perverted or distorted perceptions (*saññā-vipallāsā).* Then they create an attractive image and positive thinking pattern around alcohol which is an elaboration upon perception, a perverted or distorted thought *(citta-vipallasa)* on alcohol consumption.

Distortions of thought *(citta-vipallasa)* have to do with the next higher level of mental processing when we find ourselves thinking about or pondering over things in our minds. The mind tends to elaborate upon perception with these thought patterns, and if our thoughts are based upon distortions of perception, then they too will be distorted. Eventually, such thought patterns can become habitual, and evolve into distortions of view *(ditthi-vipallasa)*. Furthermore, these three levels of distortion are cyclical — the perceptions are formed in the context of our views, which are strengthened by our thoughts. All three work together to build the cognitive systems that wrongly identify that alcohol and drug use is fun and beneficial.

Users might become so convinced that alcohol use is pleasurable and beneficial, that no amount of evidence to the contrary from our own eyes or reason, nor the advice of others, will shake our beliefs and assumptions. We are stuck in a mistaken view about alcohol and drugs.

Let's examine the perverted or distorted views (*ditthi-vipallasa)* part of the positive outcome expectancies the individuals wrongly hold and the reality of that ditthi-vipallasa.

Wrong Expectancies of alcohol use/ perverted views (*Ditthi Vipallasa)*	Reality Replace the thought with Paññā
Alcohol helps to Forget Problems	Problems Aggravates and New problems arise
Alcohol helps to Ease Tiredness	Tiredness Increases, and difficulties sleeping and rest.
Alcohol use is Pleasurable and it evokes happiness	Unpleasant Experience, Boring, and Alcohol impairs happiness
Alcohol helps to Relaxed	Alcohol increase tension. Difficult to relax
Alcohol use Increase Self Confidence	Become a Dependent on the Alcohol and Drugs, Self-control and self-confidence fade away.
Enhance Sexual ability	Decrees Sexual ability
Chemically dependent, cannot stop	Psychologically dependent, can stop

Table 1

What are perversions?

The Vipallasa Sutta of Aṅguttara Nikāya explains three levels of perversions operating in four modes.

Cattāro·me, bhikkhave, saññā-vipallāsā citta-vipallāsā diṭṭhi-vipallāsā. Katame cattāro? Anicce, bhikkhave, niccanti saññā-vipallāso citta-vipallāso diṭṭhi vipallāso; dukkhe, bhikkhave, sukhanti saññā-vipallāso citta-vipallāso diṭṭhi-vipallāso; anattani, bhikkhave, attāti saññā-vipallāso citta-vipallāso diṭṭhi-vipallāso; asubhe, bhikkhave, subhanti saññā-vipallāso citta-vipallāso diṭṭhi-vipallāso.

"Monks, there are these four perversions of perception, perversions of mind, perversions of view. Which four?

I. 'Constant' about the inconstant is a perversion of perception, a perversion of mind, a perversion of view.

II. 'Pleasant' with regard to the stressful...
III. 'Self' with regard to not-self...
IV. 'Attractive' with regard to the unattractive is a perversion of perception, a perversion of mind, a perversion of view.

These are the four perversions of perception, perversions of mind, and perversions of view. (Vipallasa Sutta: translated from the Pali by Thanissaro Bhikkhu)

About alcohol and drugs, the perversion could be easily understood by applying the individual's expectations of alcohol and drugs to the Vipallasa Sutta.

I. Individuals think the consumption of alcohol and drugs brings permanent solutions and these substances are real, and in true nature, they provide good effects. They further think alcohol and drugs can produce positive effects that they expect such as providing courage, relieving anxiety, or easing tiredness. In reality, alcohol and drugs such as heroin and cannabis cannot provide these effects as an inherent quality of those substances, therefore, they are *anicca*. Identifying and considering *anicca* alcohol as *nicca* is a vipallasa.

II. Once use alcohol and drugs what individuals really feel is unpleasant, suffering or *Dukkha*. When asked about the alcohol heroin or cannabis experience feeling to various body parts separately, mostly they report as follows;

Head; Little pain in the head, Headache, Heavy headedness, rotating feeling, drowsy

Body; Decline in energy and liveliness, impaired coordination, unbalance, a warm flushing of the skin, itchiness, slow,

Mouth ; Bitter, Dry Mouth,

Stomach; Nausea, Vomiting

All the above symptoms are painful and suffering. Although individuals crave and chase after alcohol and drugs, their real nature is suffering. But most the occasions people report they feel pleasure with alcohol and drug use and this is a *vipallasa* explained under the second category in vipallasa sutta.

III. People are not only consuming alcohol and drugs but they adore and worship them as idle. They develop a strong dependency on alcohol and think that all the power for living comes from that substance. After a certain point, although he takes drugs, he feels the drug has taken over his life. They personified and create a "self" around alcohol so that alcohol or drugs become magical and powerful and finally become a slave to alcohol. The Alcohol Dependence syndrome in ICD-10 has six central features, which are termed diagnostic guidelines, of which the presence of three or more occurring in a clustered way, typically over a period of 12 months or more, is required for the diagnosis. The features (Table 1) are:
(1) a strong desire or sense of compulsion to use alcohol [this is "craving", which typically occurs after an initial amount (the "priming dose") has been consumed];
(2) impaired capacity to control alcohol consumption in terms of its onset, termination, or levels of use;
(3) preoccupation with alcohol use, as manifested by important pleasures or interests being given up or reduced, or a great deal of time spent in activities to obtain, use or recover from the effects of alcohol ["salience" of alcohol consumption];

(4) evidence of tolerance … with significantly increased amounts needed for the desired effect or diminished effect with the same amount;
(5) a physiological withdrawal state when alcohol use is reduced or ceased … or the use of alcohol with the intention of relieving or avoiding withdrawal symptoms; and
(6) persistent alcohol use despite clear evidence of harmful consequences.

Alcohol dependence is defined in ICD-11 as: "A disorder of regulation of alcohol use arising from repeated or continuous use of alcohol. The characteristic feature is a strong internal drive to use alcohol, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use alcohol. Physiological features of dependence may also be present, including tolerance to the effects of alcohol, withdrawal symptoms following cessation or reduction in use of alcohol, or repeated use of alcohol or pharmacologically similar substances to prevent or alleviate withdrawal

When the alcohol or drug user comes to this stage, he has created a permanent "self" in alcohol or drug and considers "everything is alcohol" which is a *vipallasa*. With this addiction individuals always need more to get satisfaction. Penetrative insight *vipassana* only may reveal that it is not alcohol that holds the individual but the individual is holding the alcohol or drug. Then they will understand that alcohol is nothing but the dull or neutral chemical of C_2H_5OH (ethanol) and there is no permanent "controller nature" in alcohol or drugs.

Consumers of alcohol and drugs consider their consumption and the substances as *Subha* that is pure, beneficial, or attractive. People have misconceptions that alcohol such as red wine is good for health. Sometimes they toast with alcohol such as a glass of whisky or beer, wishing "good health", a kind of performing a ritual for "purifying" each other. But it is a well-established fact that Alcohol tobacco and drug use is the main contributor to non-communicable dieses. Alcohol and Drug use leads to poverty, social injustices, and impairment of happiness and all of these are *asubha* or unattractive features. Valuing the *asubha* alcohol and drugs as *subha* is a perversion (*vipallasa*).

Alcohol and Drugs become attractive through Proliferation (*papañca*)

The use of alcohol and many other drugs such as heroin, and cannabis is unpleasant, painful, unbeneficial, and leads to many health and social problems. For example, alcohol is a depressant. Ethanol is a depressant that reduces the level of activity of the central nervous system. The neurotransmitter receptors are generally insensitive to ethanol (Hunt 1985). However, ethanol has been reported as a specific and powerful substance that affects the function of at least two particular types of neuronal receptors; Gamma –Amino Butyric Acid (GABA) receptors and glutamate receptors (Koob et al., 1998). GABA and glutamate are chemical neurotransmitters that account for much of the inhibitory and excitatory activity in the brain. When the terminals of one cell release GABA into receptors on the next cell, that cell becomes less active and when glutamate lands on a glutamate receptor, that cell becomes more active. It is in this way that many circuits in the brain maintain the delicate balance between excitation and inhibition.

Alcohol increases the activity of the neurotransmitter GABA (Ticku and Burch 1980; Davis and Ticku 1981). Since GABA inhibits neuron activity, enhancing GABA functions reduces the excitability in many neural circuits. As alcohol increases the inhibitory activity of GABA receptors and decreases the excitatory activity of glutamate receptors, individuals would typically experience drowsiness and lethargy immediately after using alcohol, users would experience drowsiness, and many other sedating effects (Hanson and Venturelli, 1995).

When imbibed, ethanol is metabolized predominantly in the liver where an enzyme called alcohol dehydrogenase or ADH breaks ethanol down into acetaldehyde. This in turn is broken down by another enzyme called acetaldehyde dehydrogenase to form acetate, which is ultimately metabolized to carbon dioxide and water. The intermediate product, acetaldehyde, is a toxic chemical that induces a "flushing response" characterized by facial flushing, nausea, and vomiting. This reaction occurs as a consequence of high blood acetaldehyde concentration.

The Chemical Effects of Heroin

To a person who uses heroin without the related social conditioning and the influence of the common misconceptions or positive outcome expectancies associated with it, the experience of its effects would be decidedly unpleasant. On using heroin for the first few times, a user would typically feel a decline in energy and liveliness and may experience severe coughing, vomiting, nausea, headaches or heavy-headedness, itchiness, and other forms of physical discomfort. These resulting symptoms are, without doubt, reported to be unpleasant.

Heroin is generally used through, smoking, inhalation, and injection. Smoking involves wrapping a small quantity of heroin in a tube of paper which is then set alight on one end and the fumes are sucked in from the other as with a cigarette. Through smoking, only 20% of the heroin enters the body. Inhalation involves placing a quantity of heroin on a sheet of lead which is then heated over a flame. The fumes emitted are inhaled using a piece of paper rolled into a tube. Unlike smoking, the effects of heroin experienced through inhalation are immediate. The technique of injecting heroin, in liquid form directly into the body is more common in some countries.

Madupindika sutta analysis of alcohol and drug use

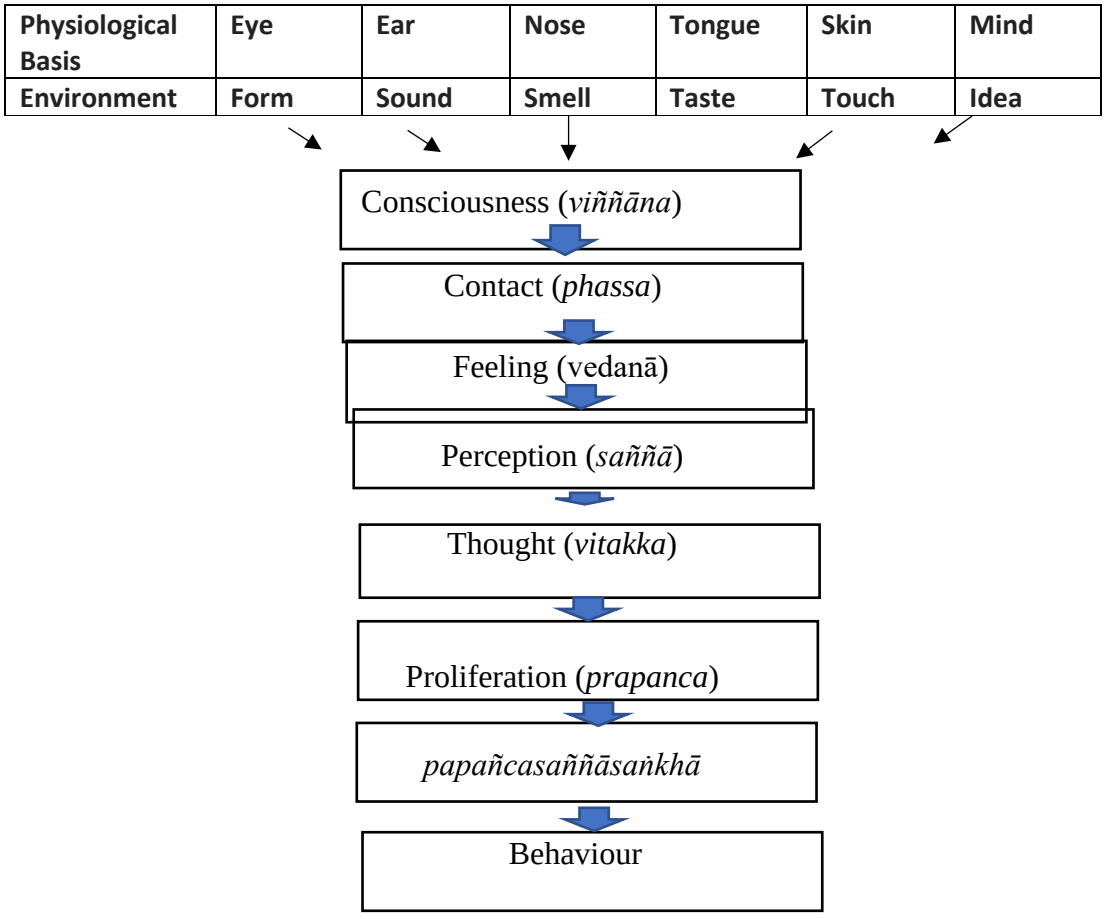
Although alcohol heroin cannabis is depressants, as discussed, consumers of alcohol or drugs as well as the majority of the general public have developed distorted perceptions (*saññā-vipallāsā),* distorted thought *(citta-vipallasa)* and distorted views (*diṭṭhi-vipallāso)* on alcohol resulting creating a positive image or concept around alcohol. Analyzing how this positive concept is created is important in developing effective

prevention and treatment strategies. Buddhist psychological explanation of developing such a concept is presented in Madupindika Sutta of Majjima Nikāya.

''Cakkhuñcāvuso, paṭicca rūpe ca uppajjati cakkhuviññāṇaṃ, tiṇṇaṃ saṅgati phasso, phassapaccayā vedanā, yaṃ vedeti taṃ sañjānāti, yaṃ sañjānāti taṃ vitakketi, yaṃ vitakketi taṃ papañceti, yaṃ papañceti tatonidānaṃ purisaṃ papañcasaññāsaṅkhā samudācaranti atītānāgatapaccuppannesu cakkhuviññeyyesu rūpesu. Sotañcāvuso, paṭicca sadde ca uppajjati sotaviññāṇaṃ…pe… ghānañcāvuso, paṭicca gandhe ca uppajjati ghānaviññāṇaṃ…pe… jivhañcāvuso, paṭicca rase ca uppajjati jivhāviññāṇaṃ…pe…

"Dependent on eye and forms, eye-consciousness arises. The meeting of the three is contact *(phasso)*. With contact as a requisite condition, there is feeling (*vedanā)*. What one feels, one perceives (*sañjānāti* -labels in the mind). What one perceives, one conceives or thinks about *(vitakketi)*. What one thinks about, one objectifies or proliferates (*papañceti)*. Based on what a person objectifies or proliferates, the perceptions and categories of objectification or proliferation assail him/her (*papañcasaññāsaṅkhā*) about past, present, & future forms cognizable via the eye……"

"Dependent on intellect and ideas, intellect-consciousness arises. The meeting of the three is contact……. Based on what a person objectifies, the perceptions & categories of objectification assail him/her with regard to past, present, & future ideas cognizable via the intellect.



Alcohol user sees alcohol bottles, glasses, bar or drinking setting, and many other features associated with alcohol use. Meeting the objects, eye, and eye-consciousness together is contact (phassa). Contact (*phassa*) is the contact between the sense object, the sense organ, and the consciousness (*viññāna*). When an object presents itself to the consciousness through one of the six senses there arises this mental factor - contact. It is the mental factor at the point of inception of the thought, by which consciousness mentally "touches" the object that has appeared, thereby initiating the entire cognitive event such as experiences by feeling, perceives by perception, and wills by volition. enables one to recognize an object that has once been perceived by the mind through the senses. This cognitive process is explained in Madupindika sutta as illustrated in the above diagram.

When there is contact (phassa), there is feeling (*vedanā*). *Vedanā* is the mental factor that feels and enjoys the taste of the sense object when it comes in contact (*Phassa*) with the senses. It is the affective mode in which the object is experienced as pleasurable, painful, or neutral. According to Madupindika Sutta what one feels, one perceives (*sañjānāti).* Perception (*Saññā*); takes note of the sense objects as to colour, form, shape, name, etc enabling one to cognize and recognize an object that has once been perceived by the mind through the senses. It is a mere perception but interprets and identifies the object with the support of memory. At this stage, people recognize what is in the bottle is whisky or this is a glass of beer.

Then comes the stage of thinking (*vitakka*). Initial application (*vitakka*) applies and introduces the mind and its mental factors onto the sense object. In general terms, *vitakka* means the sense of notions, ideas, thoughts, or reasoning. *Vitakka* is also called *sankappa*, intention, and as such is distinguished as *micchāsankappa* or wrong intention when it engages in unwholesome consciousness and *sammāsankappa* or right intention in wholesome consciousness. When it is developed and cultivated it becomes the leading factor of the First Fine material (*Rūpāvacara*) Jhāna which inhibits sloth and torpor (*thīna-middha*). Normally this thinking process is accompanied by other two important mental factors (*cētasika*), sustained application (*vicāra*), and decision (*adhimokkha*). *Vicāra* sustains the mind and its mental factors on the sense object by letting them examine the object again and again. It is manifested as the anchoring of those phenomena in the object in order to understand the object. *Vicāra* is also a *Jhāna* factor that inhibits *Vicikicchā* (Doubt or Indecision). *Adhimokkha* makes the decision or unshakable resolution with regard to the sense object, like a judge who decides a case. It decides with conviction, an awareness by which one stays with what the mind has logically established as 'Just this one'. (*imaṃ evāti sanniṭṭhānakaraṇaṃ*) or this is so and not otherwise.

According to the Madupindika formula, what one thinks about, one objectifies or proliferates (*papañceti)*. Proliferation is a complex concept in Buddhist psychology that explains the cognitive process developing in a negative or unwholesome direction. Papañcakhaya Sutta (Udāna 7.7) by Dhammapāla says: passion is a proliferation, aversion is a proliferation, confusion is a proliferation, craving is a proliferation, the view is a proliferation, and conceit is

a proliferation. Proliferation, objectification, or *prapanca* is the end product of the cognitive process where someone develops a wrong concept about an object. This is the wrong learning of the individual, learned through conditioning, social learning, or cognitive learning. For example, concepts or myths such as alcohol is pleasurable, drugs help to forget problems, alcohol helps to ease tiredness are some examples of *prapanca*, wrong learnings, or wrong objectification around alcohol and drugs.

The cognitive process is cyclical and could happen in forwarding and backward directions. The last step of the process is the creation of *papañcasaññāsaṅkhā* from *prapanca*. *Papañcasaññāsaṅkhā* has three words, prapanca + saññā + saṅkhā. This is providing value to the prapanca or value over the recognition (*saññā*) of that object. This creates an attachment (*tanhā),* conceit (*māna)* wrong view (*diṭṭhi)* over the recognized object. Venerable Buddhaghoṣa explains this as *taṇhāmānadiṭṭhi* or *papañcasampayuttā saññā, saññānāmena vā papañcāyeva vuttā* that is: "perception associated with the proliferation of craving, conceit & views; or just 'proliferations through naming perceptions. Individuals attaches or attribute value to alcohol and drugs such as "alcohol is great", "smoking is fashionable" or "drugs are fun". *Papañcasaññāsaṅkhā* on alcohol and drugs leads to craving which in turn to upādāna or grasping alcohol or drugs tightly and finally develops addiction (*bhava*) which eventually creates suffering (*dukkha*).

Thinking process (*vitakka*) of developing a positive image (*prapanca*) of alcohol and drugs

Alcohol use is usually initiated and continued because of the view that it is fashionable, rewarding, and attractive even if there is a price to pay. This notion holds that the consumption of alcohol, like many other acquired human behaviors, is a learned behaviour and is usually performed in a social context. There are many socially acceptable reasons and occasions for alcohol use. Various social rewards for the use of alcohol as well as famous personalities or role models that engage in drinking behaviors result in a wide variety of alcohol-related practices being integrated into day-to-day life. Drinking alcohol typically has a social function, involving two or more persons interacting with one another and reacting to a social stimulus.

> Alcohol is usually consumed at events such as parties, festivals, celebrations at the end of examinations, and on holidays, all of which share certain common features such as;
>
> - A spirit of happiness and cheer
> - A friendly gathering
> - A relaxed atmosphere

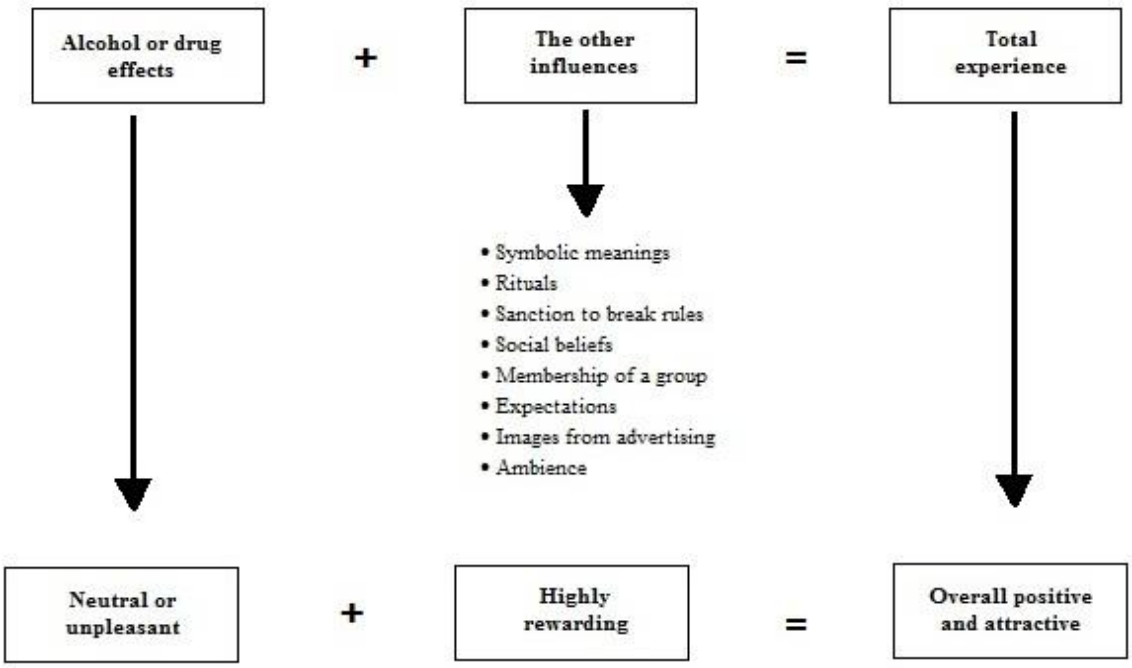


Fig.2: Psychosocial Factors that Make Alcohol Attractive

The attribution of the increased feelings of joy and goodwill at these events to alcohol could be explained through the two learning processes, classical and operant conditioning and social learning. Conditioned responses are a major part of the learning that takes place. However, human behavior cannot be explained solely through conditioned responses alone as human beings are able to think, plan, believe, expect, and anticipate, individuals, are by no means passive responders to stimuli. Conditioning and thoughts represent different levels of learning and reciprocally influence each other. Conditioned responses can be made and unmade by thought, while thought can be influenced by conditioning. Humans can unlearn what they have learned using their cognitive abilities so that the strength of the conditioned responses changes over time.

What is noteworthy is that alcohol is usually consumed on occasions that are already characterized by happiness and a sense of freedom. In such settings, it is easy to assume that the presence of alcohol is the cause of the feeling of happiness or relaxation experienced on these occasions. In reality, however, if alcohol is used on such occasions over a long period of time with the belief that it is the cause of enjoyment, the users

begin to gradually associate the feeling of pleasure with alcohol use. Alcohol then acquires the aura of being fun-filled and pleasurable through repeatedly pairing it with positive emotions, a process known as classical conditioning. Through this alcohol becomes the symbol (saññā) of pleasure and this is a *saññā vipallasa*.

Classical Conditioning

We do not see things as they really are. Our understanding of objects is distorted, and covered with a mist due to ignorance. So does the general notion people hold that alcohol and drug use is pleasurable, beneficial, and great which is a conditioned phenomenon. Buddhism very deeply discusses the interrelationship of causality and conditioning. *Idappaccayatā* is a Buddhist term that is translated as "specific conditionality" or "this/that conditionality". It refers to the principle of causality–that all things arise and exist due to certain causes (or conditions), and cease once these causes (or conditions) are removed. This principle could be applied to the cessation of alcohol and drug use. Therefore, it is important to understand how dull chemicals such as alcohol, tetrahydrocannabinol (cannabis), or diastyle morphine (heroin) acquire beneficial properties which are quite opposite to their pharmacological properties through conditioning and other forms of learning.

Classical conditioning, also known as “Pavlovian conditioning” or “respondent conditioning”, was the most basic type of learning to be discovered and studied within the behaviorist tradition (Huitt and Hummel, 1997). It refers to the behavioural technique of pairing a naturally occurring response to a particular stimulus with another stimulus. It is expected that after repeated pairing of the two stimuli, the response to the first stimulus would be shown when exposed to the second. The major theorist in the study of classical conditioning was Ivan Pavlov, a Russian scientist trained in Biology and Medicine, who discovered the learning process somewhat accidentally while studying the digestive system of dogs (Huitt and Hummel, 1997; Horvath, et al., 2013). In other words, classical conditioning involves the repeated pairing of a stimulus that produces a natural response in an individual with an unrelated stimulus that does not naturally produce the response to the first. This eventually leads to the individual learning to connect the two stimuli, eventually showing the natural response to the former when exposed to the latter. Classical conditioning can then be called a form of “learning by Association”.

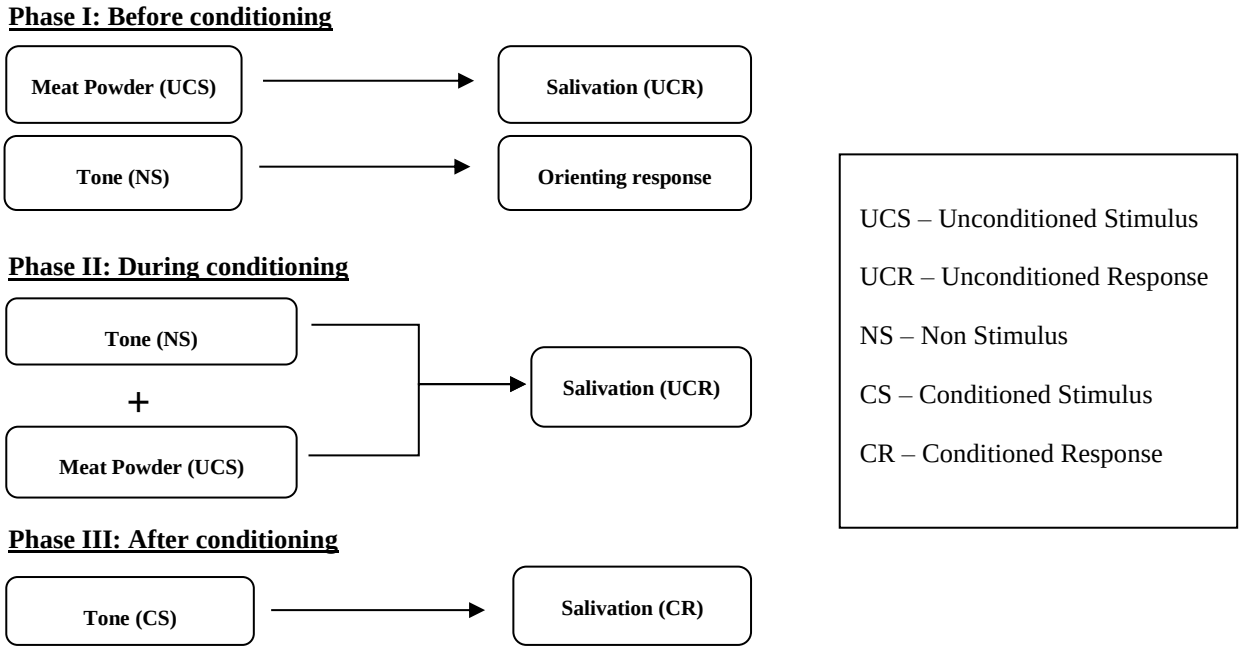
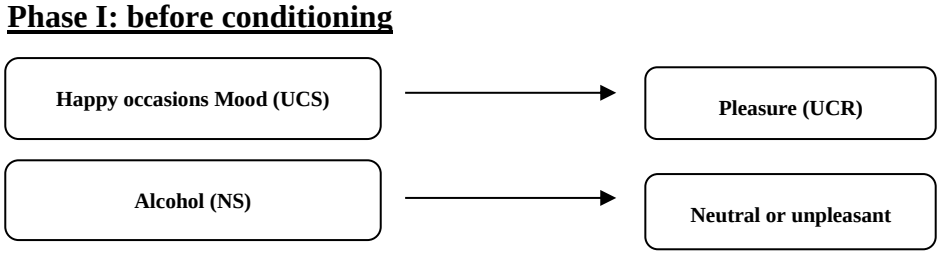


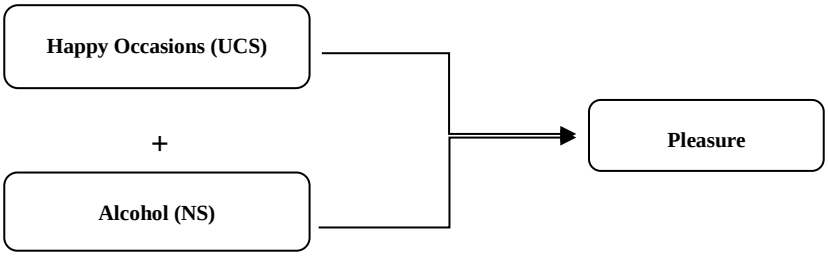
Fig.3: The process of Classical Conditioning

As discussed above, classical conditioning was first studied in Pavlov's celebrated experiment conducted in 1927 in which he observed the natural reaction of salivation in dogs. Pavlov's experiment involved studying the natural process of salivation (Unconditioned Response) in dogs when presented with food (Unconditioned Stimulus), and when paired with the sound of a bell (Non-Stimulus). By sounding a bell a few seconds before the meat powder was given to the dogs over a period of time, the dogs began to salivate (Conditioned Response) at the sound of the bell (Conditioned Stimulus) even when food was not given. This process is briefly shown in the diagram above (Fig. 2).

Alcohol or other drugs may come to evoke the feeling of pleasure in the manner shown in the following diagram (Fig. 3).



Phase II: The process of conditioning



Phase III: after conditioning has occurred.

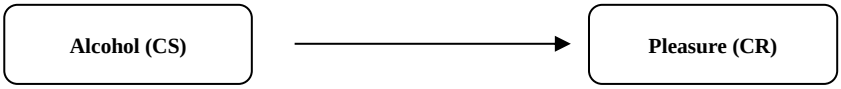


Fig.4: Application of the Classical Conditioning Process to Alcohol Use

Through classical conditioning, alcohol can become a symbol (*saññā*) of pleasure and happiness, even though in reality, the chemical effects of alcohol, heroin, and many other drugs are unpleasant and the experience of using it, is uninteresting. When in a social context, individuals learn to rely on alcohol to relax and enjoy or as a performance enhancer following the repeated association of alcohol with the mood they strive to achieve in the given context. With the passage of time, alcohol gradually becomes a necessary condition for reaching the desired mood.

Let's examine the conditioning process of heroin cannabis or other drugs. The first instance of cannabis or heroin use as well as the other instances that follow usually take place on pleasurable occasions and are based on various expectations. Examples for such occasions include:

- At a place where friends gather for casual conversation
- At a concert given by one's favourite band
- During a trip with friends
- On an occasion where one is free from the supervision of adults and experiences much freedom and independence
- At the end of a day's work when one wishes to relax
- During sexual activity
- On occasions when one experiences a certain thrill about doing something against the law.

Occasions such as these are in themselves, pleasant and enjoyable. However, those who use heroin or drugs on such occasions, perceive the enjoyment as derived from the use of cannabis or heroin and not from the occasion. The repeated pairing of the happiness brought about by a pleasurable occasion with the use of heroin or drugs gradually leads

the users to feel that heroin cannabis or drug causes the feeling of happiness experienced on pleasurable occasions and eventually, heroin alone would be sufficient to evoke the same feeling of happiness. In this way, users become conditioned to respond to heroin or drugs by feeling happy through the learning process known as Classical Conditioning

Conditioning plays an important role in human behavior. For instance, while the aroma of newly baked bread, a stimulus that is directly connected to food, is likely to cause hunger in most individuals, stimuli that are not directly connected to a specific activity, may evoke the relevant response too. For example, sexual arousal is conditioned by a variety of stimuli other than those directly involved in sex such as the sight of the hands or legs. A clock indicating the nearing of the time at which one usually drinks tea or coffee can produce a thirst for those beverages.

The symbolic association of particular images or objects with certain situations colour the individual's subjective perception of the world. Symbols are valuable tools for evoking desirable emotions and moods. For example, the presence of a Christmas tree greatly contributes to creating a festive mood, a phenomenon that cannot be explained by analyzing the botanical characteristics of pine trees alone. Similarly, coloured pieces of fabric are very much able to influence the moods of people, evoking feelings of patriotism and national pride if those pieces of fabric happen to be national flags, especially if they are hoisted on occasions that evoke feelings of patriotism and national pride.

Symbols are not always recognized as symbols. While it is well known that the festive feelings brought about by the presence of a Christmas tree are by no means the results of the inherent properties of pine trees, the symbolic function of alcohol and other drugs are not generally recognized in the same manner. In other words, it is unlikely that the feelings of pleasure and goodwill believed to be evoked by these substances would not be thought of in isolation from their chemical properties. When individuals look at their alcohol or drug use mindfully (*sati*) employing the lucid awareness and bear attention with clear comprehension (*sampajañño*), wisdom (*paññā*) arises on their alcohol and drug use.

The many symbolic effects of alcohol come into effect at its very sight, smell, and taste even before it is consumed. For example, two friends in the act of "having a good time with a glass of beer" do not wait for the alcohol to be absorbed into their bodies and reach their brains to experience the feelings of happiness, goodwill, and comradeship. In fact, their mood peaks at the very first sip of beer or even at the mere sight of the unopened bottles. Thus, the perceived feelings of happiness, coziness, goodwill, and comradeship that are thought to be brought about by a glass of alcohol are experienced because the glass of alcohol has come to be symbolic of these feelings and not because it has any inherent properties that could create them.

Pervasion (*vipallasa*) on Heroin

Despite its unpleasant effects, there is a tendency, especially among young people, to view heroin with awe and to be attracted to its use. Despite the initial experiences of drowsiness, abdominal discomfort, dizziness, nausea, and muscle pain, those who use heroin and view it as the attractive claim that its effects are pleasant. As mentioned in the previous chapter, this phenomenon occurs not as a result of the chemical effects of heroin but as a result of social conditioning and expectations that cast heroin in a positive light. It is then not surprising that a person who uses heroin without this conditioning would report the experience to be extremely unpleasant.
conditioning would report the experience to be extremely unpleasant.

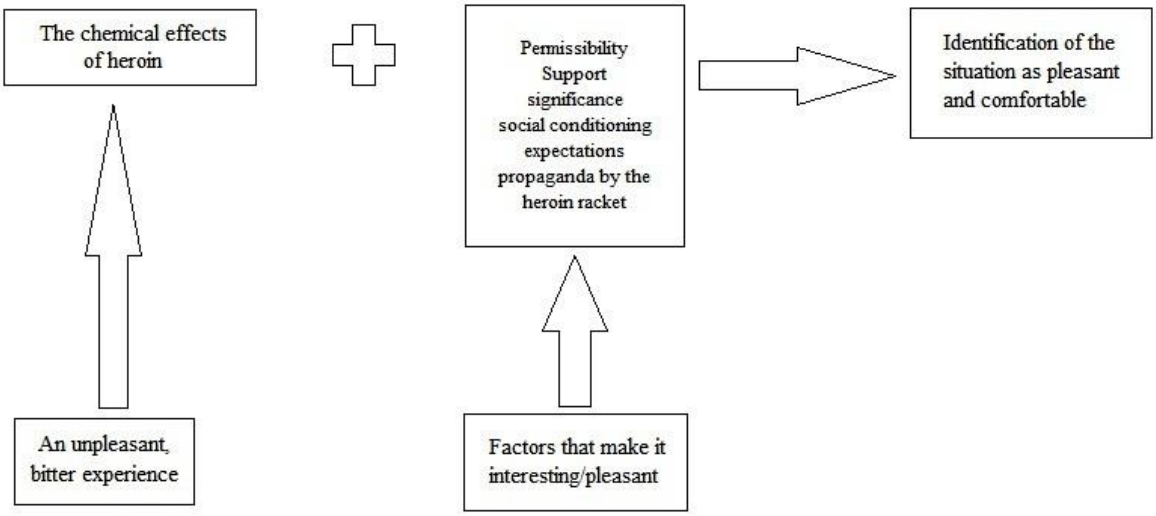


Fig.5; The process of heroin becoming perceived as attractive and pleasurable

Perception (*saññā*) of relaxation

People who use alcohol to "ease fatigue" are generally considered to be those who are engaged in demanding jobs and are in the habit of taking a break for a quick drink at the nearest bar. For them, the feeling of relaxation they experience from their visits to the bar is more a result of the intermission in the strain of the monotony of their work than of the drinks they consume. The rationale for this is the same as that behind having intervals at schools or intermissions at a theatre or cinema.

The most frequently used symbolic function (*saññā*) of alcohol is its function as an indicator to mark the distinction between the monotonous daily routines and well-

deserved leisure time. It is natural for people to feel a sense of achievement and self-satisfaction following the completion of a task. Those accustomed to using alcohol after completing a job, however, begin to attribute their sense of satisfaction and feeling of well-earned rest to the alcohol and not to the completion of their task. Alcohol then becomes to them, the indicator of relaxation. Other similar perceptions of relaxation among those not in the habit of using alcohol may be centered on a cup of tea or on changing from the clothes worn to work to the more casual and comfortable clothing worn at home. Thus, for an individual who continuously associates alcohol with rest, it becomes a symbol of relaxation, just as a cup of tea or a change of clothes.

Perception (*saññā*) of adulthood

The use of alcohol is often perceived as a symbol of adulthood. Many teenagers demonstrate the use of alcoholic beverages deliberately, to project an image of reaching a certain degree of maturity. Furthermore, alcohol is often used as a sign of exclusiveness or as a status symbol. It is known that the alcohol industry uses these perceived images of alcohol to its benefit, as a means of marketing its products. Phrases such as "the feeling, the flavour" for instance, that are used to promote alcohol indicate a sense of exclusiveness associated with the substances even though the harmful potential of both is commonly known and there is a sense of taboo associated with both. For instance, alcohol use is anathema for sporting persons although certain brands of beer actively promote rugby tournaments and other sporting events.

Perception (*saññā*) of rebelliousness

Some people, particularly youth, tend to use alcohol, tobacco, and other drugs as a means of rebelling against the traditional values and norms of society. Teenagers may experiment with alcohol for the sheer thrill of exploring something that is considered taboo or 'venturing into forbidden territory, deriving from it a sense of enjoyment. Young boys may see alcohol as a symbol of 'manliness', using it to feel 'macho' or to develop a heightened sense of masculinity. Among women and young people, alcohol is more likely to be perceived as a symbol of independence and liberation with many initiating the use of the substance as a way of breaking away from the traditional expectations concerning women. From this perspective, society's intense fear of alcohol may be the very cause of its attraction to a daring few in the manner that other thrill-seeking activities such as mountain climbing and sky diving are sought after for the mixed feelings of joy and fear that they evoke. This taking of risks or 'living on the edge' enables those who engage in them to achieve status in their respective peer groups.

The use of alcohol usually involves special rituals and utensils. For example, decorated bottles and ornate glasses are often used when storing and serving alcohol. These factors add glamour to alcohol use and become as important to the users as the alcohol itself. It could be expected that drinking wine in a plastic cup would not have the same effect as drinking it out of a specially designed glass. Alcohol-related rituals, so ardently

followed by those who use alcohol, gain so much significance that the substance is not merely consumed but is held in high esteem or reverence. The ways, in which the alcohol is brought to the selected location, the seating arrangements of the group are made, the alcohol is served, and the group commences drinking as well as the glasses or cans used, are all seen as special and very different from drinking other "ordinary" beverages such as water, fruit juice, or soda. Rituals such as these and drinking behaviour are learned since childhood. This is supported by a study that involved showing pictures of events that occur in day-to-day life, some of which depicted individuals drinking various liquids, to a group of children. The children were then asked to describe the pictures and name what they thought the adults in the pictures were drinking. It was found that children as young as three years of age were able to recognize which of the adults in the pictures were drinking alcohol.

Membership in a Group

In his famous statement, "Man is, by nature, a social animal", the great thinker Aristotle describes the innate need human beings have for a meeting, interacting, and maintaining relations with each other. Communicating with others is essential in day-to-day life. It is common among peer groups to meet occasionally at a particular location to engage in friendly conversation and share good humor. More often than not, such meetings take place along with the sharing of food and drink. While alcohol is one of the items shared in this way at casual meetings, in some groups the use of alcohol is compulsory. The passing around of the bottle of alcohol or the toasting and raising of glasses contribute to the feeling of togetherness and solidarity that strengthens the bond between the members of the group. Eventually, alcohol becomes symbolic of this feeling of solidarity as well as of one's membership in the group and as the aim of many who aspire to enter the group is to be accepted as an equal member, they too would initiate the use of alcohol when meeting with the group and may continue using it simply to escape being cast out. This implies that they are less dependent on alcohol than they are on their peer group.

When looking at the larger social context, alcohol use is most often seen at private events within the family and larger social events that normally take place either during times of leisure and festivity or simply during times of relaxation when there is no festive occasion in particular. Individuals, both young and old, sometimes drink at family celebrations and at meetings with peers that give acceptance to alcohol use in social settings.

Sanction to Break Rules

There is a tendency in many societies to pardon alcohol-induced misconduct pardoned or view it with tolerant permissiveness. As a result, alcohol and other drugs are often used as alibis by those who engage in unacceptable behaviour to gain special privileges from family members and society in general. Some may occasionally use this social sanction to intimidate or physically assault others who continue to pardon them believing that the abusive behaviour was unintentional. In such situations, it is the alcohol rather than the alcohol user that is blamed for the abusive behaviour and all other shortcomings. Following a violent episode, users may resort to statements such as, "I had too much ……..", "I can't remember a thing ……", and "I was under the influence of it ……." in an attempt to escape blame for their actions.

Studies on violence against women and rape, in general, reveal that the perpetrator is blamed less if proved to have been intoxicated at the time of committing the crime, and more if proved to have been sober. It has been widely observed that following the use of alcohol or other drugs, individuals tend to engage in offensive and abusive behaviours that they would not dare to attempt when they are sober. These observations show that the use of alcohol is believed to be the direct cause of unacceptable and/or violent behavior. The belief that alcohol reduces inhibition is shared by medical professionals and legal professionals and is widely accepted in their fields as well.

Contrary to the popular notion that alcohol inhibits the individual's capacity to think rationally and causes them to show uncharacteristic behaviour, recent research suggests that people's mental capacity is in no way hindered following the use of alcohol (Critchlow, 1986; Bodini, 1986; Islieb, Vuchinich, and Tucker, 1988; Higgins and Harris, 1988). The so-called alcohol-induced behavior is often a mere pretense and those who engage in such behaviour are well aware of their actions. For example, a man who beats his wife after a session of drinking does so knowing that he would not be held accountable for his actions the following day. People, who use alcohol to harm others to gain the false strength and courage that they thrive on, usually choose as their victims, persons whom they consider weaker than themselves. It has been observed that those who behave abusively following alcohol use typically do so only with those who are weaker, less powerful, more vulnerable, or more tolerant and permissive. However, they immediately appear "normal" if and when accosted by those who possess more strength and power than themselves, for example, a police officer.

Pardon for Poor Performance

People naturally strive to behave in a way that would ensure that they are perceived as competent and intelligent. It is generally accepted that there are certain exceptional

circumstances based on which inadequate behavior and poor performance are generally excused, for instance, fatigue or illness, unfavourable environmental conditions, faulty equipment, immaturity or oversensitivity, and the like. The general assumption that alcohol interferes with or disrupts performance makes it possible for individuals to present alcohol use as one of these exceptional circumstances or as an alibi for poor performance. Some may therefore present it as an excuse to justify poor performance so as to avoid criticism, a process which is termed a "self-handicapping strategy".

Some believe that by consuming alcohol, they could feel free to perform badly at tasks that they have no confidence to perform and to escape or mitigate negative feedback. This is part of the more general notion that alcohol is used by individuals to avoid responsibility for their actions. It trades on the general assumption that alcohol generally interferes with or disrupts performance which paves the way for what is known as self-handicapping strategies. Those who handicap themselves deliberately, in this case by consuming alcohol, may not find their failures or inabilities as embarrassing as they would have if they had been sober. In this case, people take refuge in the subjective belief that their failure or poor performance is not due to their inabilities but due to their use of alcohol thereby increasing their levels of self-confidence and relieving their anxiety.

While some may have consumed alcohol believing that they would have a ready excuse if they fail in an activity that they attempt, others may attribute their failure to not having consumed alcohol before attempting the activity, despite the availability of evidence to the contrary. For instance, a person who is unable to dance as well as others may claim that he would have put up a better performance had he consumed alcohol prior to his attempt. This claim may seem paradoxical as it is well known that alcohol impairs the coordination of the limbs. For the self-handicapped person, however, it is not embarrassing to dance poorly after consuming alcohol. In this case, the person's poor performance is not due to his or her poor abilities but to the effects of alcohol. The subjective feeling is that alcohol "increases self-confidence or relieves anxiety".

Alcohol and Tobacco industry strategies

Alcoholic beverages and tobacco products are promoted in a variety of ways. These promotions include advertising, sponsorships, and a multiplicity of marketing strategies. The extent of this activity is such that the promotions of alcoholic beverages and tobacco have become part and parcel of everyday life, even to the degree that many promotional strategies have become subtle and almost unnoticeable.

These advertisements glamorize alcohol and tobacco use and sensitize people subconsciously to being drawn to its use. In most of these advertisements, there is an

attempt to link the brand or the product with desirable images. Consequently, alcoholic beverages are associated with social or sexual success and with rich and sophisticated lifestyles. Advertisements usually include visual examples of attractive people engaged in exciting and pleasurable activities, depicting alcohol use as being uniformly beneficial with no indications of its potentially harmful effects. The repetitive association of alcohol and tobacco use with positive images, just as with the classical conditioning approach, serves to create over a period of time, a sense of attraction towards it among the general public, especially among children and youth. Furthermore, the widespread penetration of these advertisements into the mindset of the general public, ensure that alcohol and tobacco are "normal" product making them more or less like an ordinary consumer product.

The Heroin and Cannabis Racket and Drug Mafia

One of the main reasons why heroin and cannabis and other drug use have currently become a matter of major interest is that it is part of an enormous racket taking place globally. The racket surrounding heroin cannabis and other drugs plays a major role in building its image as an attractive substance that increases a person's level of happiness and wellbeing. What people experience when using heroin or cannabis is not necessarily due to its chemical effects alone. The experience of using heroin or cannabis is heavily influenced not only by its actual chemical effects but also by several beliefs and expectations regarding it that have been strategically developed by the racketeers and others involved in promoting its use.

Through the use of highly effective strategies, the racketeers can greatly influence people to initiate the use of heroin cannabis, or other drugs and continue to use them habitually. The racketeers also use these strategies to prevent the discontinuation of heroin use. Therefore, when working to prevent the use of heroin and drugs within a community, it is important to understand what strategies the racketeers employ within the said community. With properly planned intervention programmes, it is even possible to prevent the initiation and continuation of heroin cannabis, or another drug by taking the very strategies and misconceptions that promote it and using them to guide both users and non-users to question the drug and its use.

Expectancies

The physical and mental changes generally attributed to alcohol are often contradictory to the effects that its chemical properties have on the body. For example, after consuming alcohol some people report to be feeling happy while for others the mood changes to sadness, some become more pleasant and amiable while others become hostile, some are aroused, becoming more passionate or aggressive while others become calm and docile, and some fall silent while others become more talkative. Alcohol, when viewed from this perspective takes on the perceived properties of a magic elixir. This

biphasic response to alcohol and other drugs cannot be explained by the chemical or pharmacological effects of these substances. Other considerations, such as psychological factors, the individual's learning, and the environment in which the person lives help to shape the behaviour related to alcohol and other drugs.

Abhidammic analysis of alcohol and drug use 3

Consciousness or mind, the incorporeal energiser of the body is mentioned in the Pāli Nikayas in three cognate terms *mano*, *Citta,* and *viññāna*. Although it is used the equivalent in the meaning, in different places *mano* represents rational and intellectual faculty (*manāyatana or mano-dhātu*), *viññāna* represents the field of sense and sense reaction including sensory and perceptive activities while *citta* represents the subjective aspect of consciousness. According to Abhidhamma, Citta is one of the four irreducible ultimate categories with the other three, *cētasika, rūpa,* and *Nibbāna*. As mentioned by Professor Karunadasa, early Buddhism recognize three basic principles regarding consciousness; Dependent arising of consciousness, consciousness does not exist as an isolated phenomenon, and thirdly the reciprocal dependence of consciousness and *nāma - rūpa* relationship. Consciousness is neither that which cognize (agent), nor that through which cognition takes place (instrument), but the process of cognizing an object.

Many functions of the consciousness are expressed in Saṃyutta Nikāya such as *nivāreti* – obstruct, *cinteti* – thinking, *ārādheti* – convince, *paggaṇhati* – holds out, *upasaṃharati* – focus concentrate and gather, *matheti* – agitate, *pahaññati* – destroy, *vyāsiñcati* – corrupts, *adhimuccati* – feels attached to, and these helps to understand the nature of *citta* when combined with wholesome and unwholesome chētasikas. Mind is the forerunner of human life, says the Buddha "the world is led by thought, swept away by the thought and under the power of thought" (A-11).

Abhidhamma presents its analysis of consciousness concerning four plains namely sense sphere consciousness *kāmāvacara* (54), fine material spear consciousness *rūpāvacara* (15), immaterial sphere consciousness *arūpāvacara* (12), and supramundane *lokuttara* (8 or 40), along with *cētasikas*. There are 52 *cētasikas,* Universal (7) occasional (6). Unwholesome (14) and wholesome (25). Both *citta* and *cētasikas* are arising together, ceasing together, and have the same object and same base. *Citta* coordinates the *cētasikas* and thus functions by way of dominance (*adipatibhāvena*).

Dammasangani starts by questioning what is wholesome and what unwholesome (*Katame dammā kusalā / akusalā*) is. Unwholesome and wholesome consciousness and mental factors in those *cittas* could be analysed through the behaviour of alcohol use and with the intentions of someone trying to recover from the addiction. Buddha had recognised using intoxicants (alcohol) led to losing heedfulness, a quality important to achieve realisation. Heedlessness in this context means moral

recklessness, obscuring the clarity of mind to understand the bounds between what is right and what is wrong. A traditional Buddhist reason for abstaining from alcohol and drugs is that intoxication inevitably led to the breach of one of the five precepts. When analysed it could be observed that someone uses alcohol or other intoxicants with unwholesome consciousness, therefore alcohol use behaviour is unwholesome.

According to Abhidhamma, alcohol use consciousness are the twelve types of unwholesome consciousness. Unwholesome consciousness (*Akusala cittas)* is divided into three categories; eight greed rooted consciousness (*lōba mūla cittas*), two hatred rooted consciousness (*dōsa mūla cittas),* and two delusion rooted consciousness *(Mōha mūla cittas).*

Greed rooted consciousness (*lōba mūla cittas*) (8)

1. One consciousness, unprompted, accompanied by joy, and associated with wrong view. *Somanassa-sahagataṃ, diṭṭhigatasampayuttaṃ, asankhārikam ekaṃ*.
2. One consciousness, prompted, accompanied by joy, and associated with the wrong view. *Somanassa-sahagataṃ, diṭṭhigatasampayuttaṃ, sasankhārikam ekaṃ*
3. One consciousness, unprompted, accompanied by joy, and dissociated from wrong view. *Somanassa-sahagataṃ, diṭṭhigatavippayuttaṃ, asankhārikam ekaṃ*.
4. One consciousness, prompted, accompanied by joy, and dissociated from wrong view. *Somanassa-sahagataṃ, diṭṭhigatavippayuttaṃ, sasankhārikam ekaṃ*
5. One consciousness, unprompted, accompanied by equanimity and associated with wrong view.
Upekkhā-sahagataṃ, diṭṭhigatasampayuttaṃ, asankhārikam ekaṃ.
6. One consciousness, prompted, accompanied by equanimity associated with wrong view. . *Upekkhā-sahagataṃ, diṭṭhigatasampayuttaṃ, sasankhārikam ekaṃ*
7. One consciousness, unprompted, accompanied by equanimity, and dissociated from wrong view.
Upekkhā-sahagataṃ, diṭṭhigatavippayuttaṃ, asankhārikam ekaṃ
8. One consciousness, prompted, accompanied by equanimity, and dissociated from wrong view.
Upekkhā-sahagataṃ, diṭṭhigatavippayuttaṃ, sasankhārikam ekaṃ

Hatred rooted consciousness (*dōsa mūla cittas)* 02

1. One consciousness, unprompted, accompanied by displeasure, and connected with aversion.
Domanassa-sahagataṃ, paṭighaasampayuttaṃ, asankhārikam ekaṃ.

2. One consciousness, prompted, accompanied by displeasure, and connected with aversion.
Domanassa-sahagataṃ, paṭighaasampayuttaṃ, sasankhārikam ekaṃ.
Delusion-rooted consciousness *(Mōha mūla cittas)* 02

1. One consciousness, accompanied by indifference, and connected with skeptical doubt *Upekkhā-sahagataṃ vicikicchā-sampayuttaṃ ekaṃ*

2. One consciousness, accompanied by indifference, and connected with restlessness. *Upekkhā-sahagataṃ uddhacca-sampayuttaṃ ekaṃ*

Let's examine the first Greed Rooted citta as an example. When someone uses alcohol saying it is pleasurable, with the wrong view that alcohol helps to provide joy, and if he drinks it with his own choice, the citta arises is ***Somanassa-sahagataṃ, diṭṭhigatasampayuttaṃ, asankhārikam ekaṃ.*** Cittas become different due to the associated mental factors or *cētasika*. Nature of the alcohol and drug use thinking and behavior could be analyzed through this associated cētasikas.

Following universal, mental factors associated with this *citta*.

Phassa – contact with alcohol and tongue, body, eye, nose, ears, mind, and *viññāna*.

Vedanā – normally painful but experienced as pleasurable (*sōmanassa*).

Saññā - perceive alcohol as the symbol of pleasure, symbol of relaxation, a symbol of adulthood, the symbol of rebelliousness, a symbol of macho, due to *saññā vipallasa*.

Cetanā – the intention of using alcohol thinking it is pleasurable and beneficial, which is a *citta vipallasa.* The conative or volitional aspect of cognition which organizes and coordinates its associated mental factors in acting upon alcohol use. *Cetanā* acts on its concomitants, acts move or urges in using alcohol, and acts on accomplishing the task; thus, it determines action or behaviour and moves towards the unwholesome direction.

Ekaggatā: This mental factor of one-pointedness unifies and focuses the mind on its object which is the use of alcohol. With the help of *ekaggatā, the* mind fixes on its object preventing wandering and distraction. But this one-pointedness or concentration is *miccā samadhi,* which is unwholesome.

Jīvitindriya: Mental concomitants are vitalized and sustained by mental life faculty or *Jīvitindriya*. It infuses life into *cetanā* and other concomitants. With the alcohol use, the

strength of the mental factor *Jīvitindriya* become weaker so that alcohol user becomes psychologically and physically inactive.

Manasikāra; Attention is turning the mind towards the object (alcohol), the mental factor responsible for the mind's advertence to the object, by which the object is made present to consciousness. This is the mind's first confrontation with an object and directs the associated mental concomitants to the object. In the alcohol drinking citta, attention is *ayonisomanasikāra*. With the continuation of drinking, the strength of *manasikāra* becomes weaker diminishing the overall attention.

The Occasionals (pakinnaka)—6

Initial application (*vitakka*) and Sustained application (*vicāra*); In general terms *vitakka* means the sense of notions, ideas, thoughts, or reasoning. *Vitakka* is also called *sankappa*, intention, and as such is distinguished as *micchāsankappa* or wrong intention when it engages in unwholesome consciousness. *Vicāra* sustains the mind and its mental factors on the sense object by letting them examine the object again and again. It is manifested as the anchoring of those phenomena in the object to understand the object. Alcohol or drug users have wrong thinking which promotes, mystifies, and glamourizes their alcohol tobacco, or drug use which develops into a concept (papañca) through the proliferation process that recognizes alcohol or drug use is pleasurable magical, and beneficial. Vitakka of unwholesome nature are three types; sensual thoughts (*kāma vitakka*), hating thoughts (*byāpāda vitakka*), and cruel thoughts (*vihimsa vitakka*), and all the three types are associated with alcohol and drug use. In treatment, the thoughts of renunciation from alcohol or drug use (*Nekkhamma vitakka*) have to be developed and promoted by the user.

Adhimokkha; Firmly deciding, this is alcohol, or this drug produces pleasure and not otherwise. Arriving at this decision is based on ignorance. Visuddhimagga (XIV, 151) explains *adhimokkha* as the act of resolving is resolution. It has the characteristic of conviction. Its function is not to grope. It is manifested as decisiveness. Its proximate cause is a thing to be convinced about. It should be regarded as a boundary post owing to its immovableness about the object. Bhikkhu Bodhi (2003), pp. 82 defines *adhimokkha* as the releasing of the mind onto the object. Hence it has been rendered a decision or resolution. It is compared to a stone pillar owing to its unshakable resolve regarding the object. In alcohol or drug using consciousness, this *adhimokkha* is unwholesome and during the treatment, this unwholesome nature should be transformed into wholesome.

Vīriya; Energy (*viriya*) is the state of being energetic or courageous to support, uphold and sustain associated mental factors over the object such as using drugs or alcohol, not allowing them to subside. Viriya is regarded as a controlling factor (*Indriya*) because it overcomes idleness. It is also regarded as one of the five powers (*Bala*) because it cannot be shaken by its opposite idleness, therefore treatment efforts have to be more powerful than their *viriya* for using alcohol or drugs. When using alcohol or drugs viriya works as *miccā vāyāma*.

Pīti; Having joy or pleasurable interest over the sense object is *pīti*. It could be found in both wholesome and unwholesome consciousness, by way of creating interest in the object, but it is not a feeling or sensation, and hence it does not belong to the feeling group (*vedanakkhandha*). Although alcohol use is unpleasant in reality, *lobha mūla* alcohol or drug use consciousness has *pīti* in an unwholesome manner based on created *vipallasa* and *papañca* due to ignorance (*Avijjā*).

Chanda; Will, interest, desire, or *Chanda* means eager to act or wish to do (*kattukamyatā*), that is, to perform an action or achieve some result. This mental factor could be present as *kāmacchanda* which is sensual craving, one of the Five Hindrances (Nīvarana), or *kattukamyatā Chanda*, the mere wish-to do. The desire for alcohol or drug use arises from ignorance and delusion. As a result of treatment, in the dependent individuals, a desire should be developed to renounce the attachment to such substance based on wisdom and intelligence (*paññ*a).

Unwholesome mental factors

Lōba: Greed or *Lobha* is the strong desire for sensuous objects which includes all degrees of selfish desire, longing, attachment, craving, and clinging. Due to this attachment and clinging to the sense object, unhappiness occurs therefore attachment (*lobha or tanhā*) is the cause of suffering (*dukkha samudaya*). Alcohol and drug users have a strong attachment or craving for alcohol use. Treatment should aim at removing this *lōba* from the attachment and craving toward alcohol.

Ditthi- Here, as an unwholesome cētasika, *ditthi* is used in the sense of the wrong view (*miccā ditthi*) or seeing wrongly. Its characteristic is the unwise and unjustified interpretation of things due to holding incorrect knowledge, beliefs, and attitudes regarding the sense objects. Alcohol and drug users have the wrong view of alcohol and drugs such as "I enjoy alcohol". In treatment, these wrong views have to be corrected with wisdom (*paññ*a) or developing *ñāna* on alcohol and drugs.

Mōha; – Delusion (*moha*) is the ignorance of the true nature of sense objects (alcohol and Drugs) which is a synonym for Avijjā and one of the three roots of evil common to all unwholesome types of consciousness. It creates confusion about the real nature of alcohol or other drugs and alcohol and drug addicts are under the wrong understanding that alcohol use is pleasurable. This non-penetrative, or concealing nature of moha opposes wisdom (*paññ*a). Alcohol and drug users are ignorant about alcohol and drugs although they pretend that they know everything about those substances. Individuals see alcohol and drugs as permanent (*nicca*), pleasant (*sukha*), self or person (*atta*), and beautiful (*subha*) due to this delusion (*moha*). Removing this moha attached to alcohol and drugs is an essential part of prevention and treatment.

Ahirika – Shamelessness (*ahirika*) is the absence of disgust and shamelessness at bodily mental or verbal misconduct, a status of lacking moral shame. Alcohol or drug user has no shame for breaking the fifth precept and being fooled by the alcohol industry drug racketeers

Anottappa – Fearlessness of wrongdoing (or moral recklessness) is the absence of dread of committing a bodily mental or verbal misconduct. This occurs due to a lack of respect for self and lack of respect for others. A drug user has no fear of breaking the fifth precept or of any illnesses caused by alcohol or drugs.

Uddhacca – Uddhacca is the restless state of mind which leads to unsteadiness. This unsettled state of mind is opposed to collectedness (*vupasama*). When someone is using alcohol his mind becomes unsettled due to a lack of coordination, and nausea/uncertainty.

In the second one *sasankhārikam citta*, probably the bad friends may prompt him to use alcohol therefore *Thīna*, Sloth – laziness, *Middha* – Torpor tiredness also may present in the citta. Especially when someone is heavily drunk, becomes tired and inactive, and thinks to stop using, but his bad friends force him to use more saying "one for the road". Sometimes individuals know the bad effects, but just to keep company with others use moderate amounts of alcohol and in such events, arising greed-rooted cittas are *Upekkhā-sahagataṃ.*

After using alcohol some people become aggressive and engage in violence as others also accept it as tolerant permissiveness. Some deliberately use alcohol to harm others. On such occasions, two unwholesome dosa mūla citta, *Domanassa-sahagataṃ*, *paṭighaasampayuttaṃ*, *asankhārikam ekaṃ* or *sasankhārikam ekaṃ* become in operation with the mental factors such as

Dosa- Hatred, *Dosa*, or *paṭigha* is the second unwholesome root, which comprises all kinds and degrees of aversion, ill will, anger, irritation, annoyance, and hostility. When someone encounters an undesirable object, anger or aversion arises. Both depression and fear are also other manifestations of *paṭigha* as they have striking or go against nature. Normally anger is directed toward a powerless person and fear is created when a powerful person does something offensive.

Issā – Envy has the nature of being jealous of others' prosperity and success. Its function is to be dissatisfied with others' progress and development. It is manifested as an aversion towards that other's progress. Alcohol users develop jealousy and suspicion over their wives and

neighbours. They use a large portion of their earnings for alcohol use without sharing it with family members and they indirectly develop envy against their family members.

Macchariya – Stinginess, is the concealment of one's prosperity and contrary to Issā, this is subjective. The characteristic of avarice or stinginess is concealing one's success when it could be shared with others. Its function is not sharing someone's resources with others. Alcohol and drug users develop this as a part of their disorder. They allocate money mostly for their alcohol or drug use and evading family responsibilities and household duties.

Kukkucca - kukkucca is worry or remorse after having done wrong or not doing any good. It is the state of having done amiss and subsequent regret or grief. Kukkucca is one of the five Hindrances and is used together with Uddhacca. Due to their positive outcome expectancies of alcohol or drugs, users become happy and elated until they get their first dose of alcohol or drugs. With imbibing the first dose of alcohol, they start to feel the discomfort of alcohol use, although they do not report it to the group. They have to pretend and show that they are enjoying, with all the feeling of discomfort. But behind the mind, they regret and grieve about their alcohol or drug use. This is one way of worry or remorse *kukkucca* operates with alcohol use.

Sometimes without *lōba* or *dōsa cētasika,* individuals just use alcohol for no specific reasons, just due to their addiction, or due to peer pressure, with *Upekkhā-sahagataṃ vicikicchā-sampayuttaṃ ekaṃ* (suspicious mind) or *Upekkhā-sahagataṃ uddhacca-sampayuttaṃ ekaṃ*. Most of the time individuals drink alcohol or take drugs not because they want to use it but due to the fear of others in the drinking setting that they may reject him from friendship if didn't participate in the drinking session. Probably the others may also think in the same manner but the drinking process continues without anyone's proper intention to drink. In such situations, *moha mūla cittas* may be in operation. Uddacca or restlessness may probably lead to such situations as no one knows why are they drinking.

Buddhism discusses sins or unwholesome acts. Some individuals are with the idea that alcohol use is not a sin or unwholesome act but it leads to committing sins or unwholesome acts. With the above citta analysis, it is very well understood that someone uses drugs or alcohol with unwholesome or *akusala cittas* and not with wholesome or *kusalā cittas*. This kind of analysis of consciousness about alcohol and drug use may useful when planning the treatment process.

According to Buddhist psychology, alcohol and drug dependence is a psychological illness or *cētasika roga*. In Roga Sutta of Aṅguttara Nikāya Buddha introduced two types of illnesses, bodily illnesses, and mental illnesses.

'*Dveme, bhikkhave, rogā. Katame dve? Kāyiko ca rogo cetasiko ca rogo…Te, bhikkhave, sattā sudullabhā lokasmiṃ ye cetasikena rogena muhuttampi ārogyaṃ paṭijānanti, aññatra khīṇāsava*.

But apart from those whose taints have been destroyed; it is hard to find people in the world who can claim to enjoy mental health even for a moment. *Khīṇāsava* means the individuals who have destroyed taints and refers to Arahants. Other than Arahants, all normal human beings (*putujjana*) are subject to psychic abrasions. The word *Khīṇāsava* is made up of two words, *Khīṇa* means eradication and *āsava* normally means an intoxicating substance which refers to cankers or taints. DN Saṅgītisutta explains three types of āsavas (*tayo āsava*) Sensual desire (*kāmāsavo*), attachment to existence (*bhavāsavo*), and ignorance (*avijjāsava*). *Niddesapāḷi* has added another one the wrong view (*diṭṭhāsava*).

With regard to alcohol and drug use, sensual desire (*kāmāsavo*) means the attachment to five objects of sensual pleasures (*pañcakāmaguṇiko rāgo*) such as the visible form, sound, smell, taste, and texture of alcohol types or drugs. This sensual desire (*kāmāsavo*) can be expressed as lust, craving, gratification, or delight towards alcohol and drugs. For the time being, a relationship between alcohol and an individual ventured and automatically create a mutual attraction. Some people become happy and elated at the mere sight of unopened whiskey or wine bottles. People keep alcohol bottles in a cabinet in a decorative manner. These examples show the attachment to the sight of alcohol or drugs. Some individuals are attached to the specific type of aroma of alcoholic beverages. Attachment to the taste is very evident in wine tasting culture which turns to wine snobbery. Mostly beer is bitter and hard liquor tastes terrible on the tongue, though individuals pretend that they enjoy the taste and then attached to it. When someone imbibes alcohol or takes drugs what he feels in the head, stomach, or total body is rather unpleasant. Some individuals have developed an attachment to this dull intoxicated feeling. These five kinds of attachments can be interpreted as sensual desire (*Kāmāsava*). This attachment leads to the compulsion (*ajjhosāna*) of alcohol and drug use. Careful examination with mindfulness will reveal, that having this sensual desire for alcohol or drugs is nothing but an illusion, and alcohol or drugs cannot produce in reality what the user expects.

At the mundane level, addiction to any substance can be understood through attachment to existence (*bhavāsavo*). Alcohol, heroin, or any drug addict has the will, liking, or desire to become a dependent person on that substance and to behave like an addict. Addiction is mainly a mental state than physical, created by an individual to a substance like alcohol cannabis, or heroin or a behaviour such as gambling through strong greed (*abhijjha*) and desire (*chanda*). After some time with the habitual use of alcohol or drugs, the individual creates an existence (*bhava*) as a drug addict or the individual becomes a drug addict.

Bhavāsava as addiction

The conventional belief about heroin or any other drug is that they are chemicals, naturally addictive. In the present times when heroin is generally perceived as a chemically addictive substance, it is worth examining to what extent the chemical qualities in heroin are addictive. Broadly defined, addiction is the tendency to engage in a particular behaviour continuously. In common terms, this is known as a habit. People engage in many things in their day-to-day lives out of habit, for example, learning to exercise regularly, eat certain types of food, enjoy a particular status of power, and even engage in habits that are not generally acceptable such as gambling or betting on races. When looking at these habits, what is noticeable is that they do not occur as a result of a chemical effect of a substance on the body. Rather, they are learned.

If one becomes accustomed to a particular habit, the inability to engage in the habit would certainly cause great discomfort. For example, a woman in the habit of performing a religious ritual daily at a particular time would feel very uncomfortable if, for any reason, she was unable to do so. This feeling is not generated by the religious ritual itself but rather by the mental conditioning that creates a deeply rooted bond between the woman and her habit. A man in the habit of gambling or betting on races daily would feel uneasy if he is unable to engage in his habits. A person who exercises daily would feel uncomfortable if he/she is unable to do so even for a day. The main cause for this discomfort is the mental bond he/she has formed with this habit (*bhavāsavo*)over a period of time. Similarly, a person who has become accustomed to a certain status of power such as a member of the parliament or a minister would feel depressed once deprived of that power due to the bond, he/she has formed with power.

These behaviour become compulsory and ritualistic (*Sīlabbataparāmaso*) not because of any innate qualities that they possess, but because of the habit of engaging in them regularly. Experiencing discomfort at not being able to engage in a regular habit, however, could cause several chemical changes within the body. This is due to the thought process itself as it is known that thoughts could trigger chemical responses. For instance, for a person who exercises daily, physical exercises eventually become a normal, compulsory part of his/her life. If the person is unable to perform his/her usual exercises on a particular day, he/she could feel uncomfortable both mentally and physically, feel lazy to perform other tasks, or experience other forms of uneasiness even though the same person may not have experienced such discomfort when not exercising before he/she developed this particular habit. Such a change in reaction could be the result of chemical changes that occurred within the brain as a result of the development of the habit.

In this way, the long-term habitual use of alcohol heroin, or any other drug would, if stopped, result in the user experiencing several difficulties which include the fear of death, uncontrollable defecation, severe physical pain, extreme depression, irritability, inability to concentrate, and loss of appetite. These are partly because over an extended period of use alcohol, heroin or the drug becomes a normal and integral part of the life of the user, and he/she forms a deep psychological bond with the substance and the habit of using it. We can then understand that the gradual reduction of this psychological bond (bhavāsavo) would greatly reduce the difficulties experienced by the user when breaking from the habit of heroin or drug use, making it easier to leave the habit completely.

Notably, the difficulties experienced by those breaking from the habit of compulsive gambling are similar to those reported by former heroin users, though heroin use poses the possibility of having some unpleasant chemical effect on the body and the gambling does not. Heroin or drug users who have temporarily quit their drug use without eradicating the attachment to the substance also show a tendency to revert to their old habits at all costs, regardless of all taboos and obstacles. If they are unable to do so due to strict restrictions, their reactions could be extreme, to the extent that they feel intense physical pain, fear, depression, insomnia, and even suicidal thoughts all these are mind-made and occurs due to the attachment to existence (*bhavāsavo*) as a drug user or to the drug-using lifestyle. This is the craving for being an addict.

Tolerance is a mind-made phenomenon through Bhavāsava

The prolonged use of alcohol, heroin, or any other drug eventually leads to a gradual increase in the quantity of the substance a person takes daily. A person who starts with using one packet of heroin a day would, with time, increase the amount of heroin used at each session to two packets, continuing to increase the quantity of heroin he/she uses gradually. The traditional explanation for this tendency is that when the body is exposed to a certain chemical, it progressively gets accustomed and develops a tolerance to it. Though this reasoning provides a solid explanation for the heroin addiction, it may not be effective to work from within this framework when conducting activities to prevent its use. Several experiments have also revealed that in this situation, the body's tolerance towards heroin is more a result of a change in the state of mind rather than of any physical changes within the body that result in the development of tolerance. This conclusion can be arrived at not only through scientific experiments but through observations in day-to-day life as well.

For example, as discussed in previous paragraphs, a man in the habit of gambling or betting on races would gradually increase the amount of money he bets on over a period of time. If he initially makes a bet of Rs. 100/-, he would gradually increase this amount to Rs. 1000/- or 2000/-, and given more time, even this amount of money would be insufficient so that eventually to him making bets of amounts as low as Rs 100/- or 200/- would be unthinkable.

He would even go to the extent of selling his property to raise the money to meet his needs. This behaviour is by no means the result of a chemical change in his body.

Similarly, those who engage in physical exercises daily would gradually increase the strenuousness of their exercises. Those who at first, jogged half a mile, would gradually increase the distance to 3, 4, or 5 miles and when they do so, jogging for half a mile would no longer bring the same amount of satisfaction that it used to even though it was initially sufficient. Here too, the reason to get accustomed to more strenuous exercise is, more the result of a psychological bond (*bhavāsavo*) formed in connection to it rather than a physical effect of the exercise itself. Our minds do not satisfy with what we have but always demand more.

The above examples make it possible to understand that just as with other habits, those who become accustomed to heroin use would gradually increase the dosage of the substance taken at each session. This occurs not because their bodies develop a certain degree of tolerance to it but rather because they feel a greater need for it. Heroin consumption which was once a random act then gradually becomes normalized, developing into a compulsion, a habit to which users become strongly attached.

Ignorance (*avijjāsava*) of Alcohol and Drug Use

In the Avijjā sutta (AN 45.1) Buddha said, "Monks, ignorance is the leader in the attainment of unskillful qualities, followed by lack of conscience & lack of concern. In an unknowledgeable person, immersed in ignorance, a wrong view arises. In one of the wrong views, the wrong resolve arises. In one of the wrong resolve, … the wrong action arises. Alcohol and drug use is a wrong action resulting due to the ignorance of the user regarding alcohol and drugs. They do not know the real harm of alcohol and drug use. They are ignorant of alcohol and drugs impair happiness and any amount of alcohol use is non-beneficial. As discussed, the proximate cause for alcohol and drug-related suffering is craving (*tanhā*), and *Avijjā* is the distant cause of the same suffering from alcohol and drugs. Therefore, for the eradication of craving for alcohol and drugs, realizing the true knowledge about alcohol and drugs is an important initiative as it turns to the liberation of knowledge (*vijjā vimutti*) of alcohol and drugs. According to Avijjā Sutta, five hindrances (*pañca nīvaraṇāni*) are the nutrients or food (*āhāra*) for ignorance (*avijjā*). These five hindrances are;

1. Sensory desire *(kāmacchanda)*
2. Aversion *(vyāpāda)*
3. Sloth and torpor *(thīna-middha)*
4. Restlessness and Remorse *(uddhacca-kukkucca)*
5. Doubt *(vicikicchā)*

These five hindrances are compared and explained in a metaphor of someone looking at his reflection in a ball filled with water.

1. sensory desire*(kāmacchanda)* is like water with dye in it which discolours the perception;
2. aversion *(vyāpāda)* is like boiling water which puts someone at risk of burning
3. sloth and torpor (*thīna-middha*) are like water over which algae grow, causing stagnation;
4. restlessness and remorse (uddacca- kukkucca) are like water that is swept up by strong winds that sway back and forth;
5. doubt (vicikicca) is like murky, muddy water that obscures the sight.

According to Samma Diṭṭhi Sutta (MN- 9), ignorance is defined as the non-knowledge of the Four Noble Truths. When applying this principle to alcohol and drug use it could be understood as

a) Non-comprehension of the suffering from alcohol and drugs,
b) Non- comprehension of the cause of this suffering is a craving for alcohol and drugs
c) Non-comprehension of the way of cessation of suffering from alcohol and drug use
d) Non-comprehension of the path leading to the cessation of alcohol and drug use

This ignorance about alcohol and drugs can be expressed as non-understanding, non-awakening, non-enlighten, absence of wisdom, lack of insight, or delusion.

Wrong view (*diṭṭhāsava*) of Alcohol and Drugs

A wrong view (*diṭṭhāsava*) is an ideological fixation or belief pattern someone holds over an object or phenomenon. Alcohol and drug users have a stereotypical thinking pattern about their drug use. These ideological fixations are not supported by scientific evidence but speculations developed over their wrong social learnings. Based on these wrong views, individuals develop expectations of alcohol tobacco heroin cannabis, and other drug use.

Many experiments done in the West also have confirmed that the wrong view (*diṭṭhāsava*) or wrongly held expectations, or belief patterns on alcohol and drugs are the main cause of drug addiction. According to Goldman et al (1990), the effects of alcohol are determined more by the learned expectations of alcohol than by the biochemistry of the substance. Goldman et al (1990) define alcohol expectancy as information that reflects the reinforcement value of alcohol stored in the mind as memory templates that can later influence alcohol use. The information thus stored could take several forms including language-based information such as words, phrases, and statements related to alcohol and other forms of information that are not language-based. Marlatt and Rohsenow (1980), state that many of the effects of alcohol are the result of individual expectations than of the pharmacological effects of the substance. This is especially true of occasions on which alcohol is consumed in small quantities. Darkes

and Goldman (1993) conducted an experiment to measure the effects of alcohol on two groups of subjects, one of which was given the actual drug ('drug treatment group'), and the other which was given a placebo ('non-drug group') and led to believe that the placebo was actual alcohol. Scores were given to each group based on the extent to which subjects showed the effects of the substance they had consumed. When compared, the scores of both groups showed very little difference between the two groups. In another study, a sample of university students was divided into two groups. One was given a substance that closely resembled alcohol but contained no alcohol, and the other was given actual alcohol. It was observed that both groups of students showed similar behaviour regardless of whether or not they had consumed alcohol (MacAndrew and Edgarton, 1969).

Other studies further confirm that expectancies related to alcohol are largely responsible for the behaviour following the use of alcohol. For example, MacAndrew and Edgarton (1969) are of the view that cross-cultural studies are an important means to isolate the pharmacological effects of alcohol from that of alcohol-related expectancies. They state that expectations of alcohol or alcohol expectancies are developed as a result of observing how others react to alcohol and its use. The behaviour observed could vary from person to person and culture to culture so the effects of alcohol vary considerably throughout the world. Lant et al (1975) and other researchers demonstrate that the expectancies of individuals on alcohol influence aggressive behaviour more than any other type of behaviour.

The above studies reveal that the motivation to consume or not to consume alcohol in a given individual at a specific time and place very much depends on the expectancies that the individual holds concerning alcohol. The expectancies of alcohol could therefore be considered the most important factor in determining the final pathway to alcohol consumption. Though the expectancies that control and influence alcohol use are common among all alcohol users these expectancies, unlike many uncontrollable factors, could be modified and changed. Thus, the prevention and treatment of alcohol and drug dependence should be geared towards challenging and changing the alcohol or drug-related wrong view (*diṭṭhāsava*) or positive outcome expectancies of alcohol and drugs.

Thoughts of liberating from Alcohol and Drugs

When someone is refraining from alcohol or drugs or thinking of liberating from alcohol and drugs, the intentions are skillful and wholesome so that the acts and thoughts are wholesome and resulting good results. For that moment, their attachment or cravings for the substances is at least temporarily suppressed (*tadanga pahāna*) and their minds get purified. According to Buddhist psychology, when an individual refraining from using alcohol or drugs or any alcohol or drug user contemplates liberating his mind from alcohol or drugs in an alcohol or drug promoting environment such as Sense-Sphere (*kāmāvacara lōka)*, he may mostly act with eight Sense-Sphere Wholesome Consciousness (*kāmāvacara-kusalacittāni*).

Sense-Sphere Wholesome Consciousness (*kāmāvacara-kusalacittāni*) are as follows;

1. One consciousness, accompanied by joy, associated with knowledge, unprompted. *Somanassa-sahagataṃ ñānasampayuttaṃ asaṃkhārikam ekaṃ*

2. One consciousness, accompanied by joy, associated with knowledge, prompted. *Somanassa-sahagataṃ ñānasampayuttaṃ sasaṃkhārikam ekaṃ.*

3. One consciousness, accompanied by joy, dissociated from knowledge, unprompted. *Somanassa-sahagataṃ ñānavippayuttaṃ asaṃkhārikam ekaṃ.*

4. One consciousness, accompanied by joy, dissociated from knowledge, prompted. *Somanassa-sahagataṃ ñānavippayuttaṃ sasaṃkhārikam ekaṃ.*

5. One consciousness, accompanied by equanimity, associated with knowledge, unprompted. - *Upekkhā-sahagataṃ ñānasampayuttaṃ asaṃkhārikam ekaṃ.*

6. One consciousness, accompanied by equanimity, associated with knowledge, prompted. *Upekkhā-sahagataṃ ñānasampayuttaṃ sasaṃkhārikam ekaṃ.*

7. One consciousness, accompanied by equanimity, dissociated from knowledge, unprompted. *Upekkhā-sahagataṃ ñānavippayuttaṃ asaṃkhārikam ekaṃ.*
8. One consciousness, accompanied by equanimity, dissociated from knowledge, prompted. *Upekkhā-sahagataṃ ñānavippayuttaṃ sasaṃkhārikam ekaṃ*.

To have a better understanding of the functions of the above eight consciousness (*mahā kusala cittas*) it is important to analyse the 25 wholesome or beautiful mental factors (*cētasikas*) associated with these cittas.

The Beautiful Mental Factors—25 (sobhanacetasika)

There are 25 Beautiful Mental Factors (*Shobhana cētasikas*) which may be divided into 4 subgroups.

1. *Sobhana sādhārana* – (19) those invariably present in all *sobhana cittas*.
2. *Virat*i – (3) those connected with abstinence from immoral actions, speeches, and livelihood.
3. *Appamaññā* – (2) those connected with 'Boundless states'.
4. *Paññindriya* – (1) that connected with wisdom or insight.

The universal beautiful factors (*sobhana sādhārana*)

1. Confidence (*saddhā*); Saddhā is well-established confidence or faith in the Buddha, the Dhamma including Causal Relations and Four Noble Truths, the Sangha, and the threefold training of *sīla samadhi and paññā.* When *saddhā* associates with the citta, all the defilements such as lobha, dosa, and moha disappear resulting in purifying (*sampasādana*) of the mind. This Saddhā is not blind faith or belief, but confidence based on wisdom. It is professing confidence in and trust with a sense of assurance based on knowledge and understanding. In the alcohol and drug treatment setting saddhā can be interpreted as self-

efficacy, the confidence the individual has in the liberation process from alcohol or drugs. Developing confidence (saddhā) is a part of the treatment process.

2. Mindfulness (*sati*): Mindfulness or attentive awareness (*sati*) is the presence of mind or bearing in mind over the sense object and attending to it nonjudgmentally, without having any attributions and biases. It has the characteristic of steadiness and not floating away (*apilāpana*) from the object, not letting things go unnoticed and resulting in a strong perception (*thirasaññā*). It is the opposite of superficiality and of obliviousness. If one is mindful of the six sense-doors to note what observes, can stop defilements from entering the mind so that *sati* is manifested as guardianship. This unbiased non-judgemental observation has to be developed first and then applied to observe alcohol or drugs in the treatment process.

3. Shame (*hiri*); Hiri is the presence of disgust and shame at bodily mental or verbal misconduct, a status of having moral shame. When an alcohol or drug user understands how he got deceived and fooled by the alcohol or tobacco industry or by the drug mafia, he should be ashamed of using alcohol or drugs and refrain from using such substances. With the improved understanding, he may realize that alcohol or drug use is not beneficial, but rather unpleasant and boring and anyone who uses alcohol or drugs is nothing but a fool.

4. Fear of wrongdoing (*ottappa*): Fear of wrongdoing (or moral responsibility) is the presence of dread of committing a bodily mental or verbal misconduct. This occurs due to respect for self and others. In the process of recovery from alcohol or drug use, the individual's contemplation of financial outlay and health consequences of alcohol and drug use and how his use hiders his progress in his life develop this ottappa for using alcohol or drugs.

5. Non-greed (*alobha*); Non-attachment to sense objects and greedlessness is the main characteristic of *alobha*. This is a positive virtue involving generosity without expecting any personal benefits or active altruism and renunciation. Non-adhesion to an object is its chief characteristic. As attachment or greed (lobha) is the cause of suffering, the non-greed or detachment leads to the end of suffering. When an individual is abstaining from alcohol or drug use, his cravings for the substances at least temporarily get suspended. His developed detachment or renouncing attitude (nekkhamma sankappa) from alcohol or drugs will liberate his mind from alcohol or drugs.

6. Non-hatred (*adosa*): Non-hatred has the characteristic of lack of ferocity, or of non-opposing. It is not a mere absence of hatred or aversion but has positive virtues such as mildness, friendliness, gentleness, and forgiveness. It removes annoyance and brings peace to the mind and when developed it appears as the sublime quality of loving-kindness (*mettā*), promoting the welfare of living beings without any selfish affections. Alcohol or drug use is a self-harming act and it harms the drug user's close family members and society at large. Therefore, developing mettā I a part of the treatment process.

7. Neutrality of mind (*tatramajjhattatā*): Majhattatā means middleness. Tatramajjhattatā is the impartial view of objects which keeps the mind in the middle of all things. It is not the neutral feeling of *Upekkhā* but the mental attitude of balance, detachment, and impartiality. As Bhikkhu Bodhi mentioned in the Comprehensive Manual of Abhidhamma, when developed, the neutrality of the mind becomes the sublime quality of equanimity towards living beings. As such it treats beings free from discrimination, without preferences and prejudices, looking upon all as equal.
Alcohol or drug user's alcohol or drugs when they are happy or sad, to be active or relax, when they win or when they lose so that any extreme event could be a trigger for using alcohol or drugs. Developing *tatramajjhattatā* is an important intervention to control the triggers and develop calmness in the mind.

8 & 9. Body- tranquillity (*Kāya-passaddhi*) and Mind- tranquillity (citta passaddhi); Passaddhi is tranquillity, calmness, quietude, or serenity therefore kāya-passaddhi is the tranquillity of mental factors of mental concomitants. It is the tranquillity of the body of mental factors—namely, Vedanā (feeling), Saññā (perception), and Sankhāra (mental states). Citta-passaddhi is the tranquillity of mind or consciousness. The reason they were described in pairs is that they occur together and together they oppose their opponents. Developing Body- tranquillity (*Kāya-passaddhi*) and Mind- tranquillity (citta passaddhi) will be important to overcome the withdrawal discomfort and restlessness in the recovery process. This could be improved through Samadhi meditation.

10 & 11. Body Lightness (*Kāya-lahutā*) and Mind Lightness (*Citta-lahutā*); Lahutā means buoyancy or lightness so that body lightness (*Kāya-lahutā*) suppresses the heaviness of the mind, mental factors and mind lightness (*Citta-lahutā*) suppress or subsides the heaviness of the consciousness. *Kāya-lahutā* and *citta-lahutā* are opposed to *thīna* and *middha* (sloth and torpor) which cause heaviness and rigidity in mental factors and consciousness.

12 & 13. Body Malleability (*Kāya-Mudutā*) and Mind Malleability (*Citta-Mudutā*); Mudutā is the suppression of stiffness and resistance in the mental body and consciousness. Body Malleability (*Kāya-Mudutā*) subsides the rigidity (*thambha*) in the mental factors and Mind Malleability (*Citta-Mudutā*) subsides the rigidity in the consciousness. When challenging the conventional wisdom and wrongly held beliefs about alcohol and drugs developing Body Malleability (*Kāya-Mudutā*) and Mind Malleability (*Citta-Mudutā*) is an important intervention.

14 & 15. Body Wieldiness (*Kāya kammaññatā*) and Mind Wieldiness (*Citta kammaññatā*); Kammaññatā means workableness or serviceableness so that it is a state of being easily handled of mental factors and consciousness. In achieving a liberated mind from alcohol or drugs, one has to work with his mind and mental factors through the process of threefold training (trishikshā), sīla, samadhi, and paññā. The individual has to think out of the box and turn the unwholesome vitakka into wholesome vitakka in the mind as explained in Paṃsudhovaka Sutta (MN), firstly removing gross defilements and then the subtle defilements. Then the mind become workable without being too soft or too rigid just as gold to work on so that one can apply oneself to *kusala* with confidence and with patience. Wieldiness is the opposite of the "hindrances", such as sensuous desire (*kāmacchanda*) and anger or hate (*vyāpāda*), which cause mental unwieldiness.

16 & 17. Proficiency in cētasikas, *kāya pāguññatā*, and proficiency in consciousness *citta pāguññatā;* According to the Dhamasangani (par 48, 49), this pair of *cētasikas* consists of fitness, competence, and efficiency. *Pāguññatā* is fitness, competence, or efficiency in the performance of wholesome deeds (*kusala*). The Atthasālinī (I, Book I, Part IV, Chapter I, 131) explains that the proficiency of cētasikas and citta suppresses mental illness and that they are the opponents of the corruptions, such as diffidence, which cause mental illness. Mental proficiency helps to sustain a healthy and skillful mind that creates psychological efficiency. When an individual uses alcohol or drugs his proficiency in cētasikas, *kāya pāguññatā,* and proficiency in consciousness *citta pāguññatā* become lowered and delays his judgments. Long-term use of alcohol makes this psychological delay a habit that leads to heedlessness (*pamada*). Therefore, in the treatment process, improving *kāya pāguññatā* and *citta pāguññatā* is a vital component.

18 & 19. uprightness of cētasika, *kāya-ujukatā,* and uprightness of citta, *citta-ujukatā;* They refer to the uprightness or straightness in the mental concomitants and the consciousness, respectively. According to the Dhamasangani (par 50, 51), this pair of cētasikas consists of straightness and rectitude, being without deflection, twist, or crookedness. Thus, they are opposed to crookedness, deception, and craftiness due to illusion or deceit (māyā) and treachery (sāṭheyya). Alcohol or drug users live in an illusive world created around alcohol cannabis heroin or other drugs. They employ treachery and many cunning methods to deceive others and get money for drugs. In the rehabilitation process, they have to improve straightforwardness and assertiveness by developing *kāya-ujukatā* and *citta-ujukatā* as a part of their cognitive transformation.

20, 21 & 22. Three abstinence (*virati cētasika*); These are the mental factors that are responsible for deliberately abstaining from wrong conduct by way of speech, action, and livelihood. They are:

• abstinence from wrong speech, *vaci-duccarita virati* – Right speech (*Sammā vācā*)

• abstinence from the wrong action, *kāya-duccarita virati* - Right action (*Sammā kammanta*)

• abstinence from wrong livelihood, *ājīva-duccarita virati* – Right livelihood (*Sammā ājīva*)

Abstaining from alcohol or drug use is also a wholesome act although there is no specific cētasika allocated to it, but it comes under kāya-duccarita virati - Right action (Sammā kammanta). Selling alcohol or drugs is a prohibited trade in Buddhism and refraining from selling alcohol or drugs is a link to the right livelihood (*Sammā ājīva*). This abstinence is achieved in three ways;

Natural abstinence (*Sampatta virati*) – Due to hiri ottappa or other wholesome cētasikas and with good intentions, abstinence from evil deeds such as using alcohol or drugs.

Abstinence as a policy or by undertaking precepts (*Samādāna virati*) – Some individuals abstain from using alcohol or drugs as a policy or as they have observed five precepts (*pañca sīla*).

Abstinence by eradication (*Samuccheda virati*) – When individuals eradicate relevant defilements, they maintain abstinence from the connected evil deeds. When the mind is

liberated from all the attachments and cravings towards alcohol or drugs, they do not use them as they do not find any good reason to engage in such activity.

23 & 24. The illimitables (Appamaññā): Compassion (karuṇā) and Appreciative joy (muditā);

Compassion (*karuṇā*); *Karuṇā* is the mental factor that promotes the removal of suffering in others and accompanies kusala citta only when there is an opportunity for them. As Visuddhimagga explains, compassion (*karuṇā*) is characterized as promoting the aspect of allaying suffering. Its function resides in not bearing others' suffering. It is manifested as non-cruelty. Its proximate cause is to see the helplessness in those overwhelmed by suffering. It succeeds when it makes cruelty subside and it fails when it produces sorrow. Alcohol or drug users spend their money selfishly on their drug use. They just evade family responsibilities covering to their alcohol or drug use. Developing *karuṇā* by contemplating the pity state of their family members such as mothers, children, or wives and engaging in household work will be an easy first step in their path to recovery.

Appreciative joy (*muditā*); *Muditā* is the mental factor of appreciating someone else's good fortune. This is not a feeling but being glad and unenvious, just opposing the jealousy. Alcohol or drug addicts develop a condition of pathological jealousy and developing *muditā* is a way to overcome those difficulties.

25. Non-delusion (*amōha or paññа*); Paññā, Ñāna, or Amōha are the three words most used to explain this mental factor which exercises predominance over other mental factors in comprehending things, understanding the real nature of things, so it is called the faculty of wisdom (*Paññindriya*) or the faculty of knowledge. Alcohol or drug users are deluded about alcohol and drugs and developing wisdom (*paññа)* is the final path to liberating the mind from alcohol and drugs.

It could be identified as 12 specific basic wisdom or knowledge (Ñāna) that have to be developed in liberating the mind from alcohol. There can be more. These Ñānas are as follows;

01. Understanding (*ñāna*) that alcohol does not help to relax but increases tiredness, (no *cittekaggatā* but *uddacca)*

02 Understanding (*ñāna*) that alcohol does not help to forget problems but aggravates problems. – (*jaṭāya jaṭitā pajā*.)

03 Understanding (*ñāna*) that one feels in the body after using alcohol is unpleasant. – (*dukkha and dōmanassa*)
04 Understanding (*ñāna*) that alcohol impairs happiness. – (*dukkha* or *appanīhita*)
05 Ability (*ñāna*) to see alcohol and pleasure separately. (*surā- sōmanassa*)
06 Understanding (*ñāna*) that alcohol-induced misbehaviors are done with good volitional control. (with *Domanassa-sahagataṃ, paṭighaasampayuttaṃ, asankhārikam ekam)*
07 Understanding (*ñāna*) to identify alcohol promotions.
08 Immune (*ñāna*) to alcohol promotional social learnings.

09 Understanding (*ñāna*) of gender neutrality after deconstructing masculinities and femininities. – (overcoming *atimāna/hīnamāna*)

10 Understanding (*ñāna*) of dependence (habit formation) as a psychological issue (*mano pubbangamā dhammā*)

11 Understanding (*ñāna*) with confidence that one can definitely quit alcohol use. (Self-Efficacy – *Saddhā*)

12 Ability (*ñāna*) to see the comfort (*pīti, sukha*) of quitting alcohol use.

Working with Communities and Initiating Community Action

4

Every Buddhist temple, monastery, Buddhist centre, or a meditation centre, whether practicing Theravada, Mahayana, Vajrayana, Zen Buddhism or secular Buddhist practices, could be a place initiating community intervention to prevent children and young people from initiating alcohol tobacco or other drug use in the neighbouring communities and a place for alcohol and other drug users to get counselling and dhamma therapy to recover from their addiction. A Buddhist monk, dhamma teacher attached to the Dhamma School of the temple or dāyaka society members can lead this process based on the Buddhist psychological principles explained in this book.

In a broader sense of the word, the term "community" refers to a group of people living and working in close geographic proximity, in a specific city, town, village, or neighbourhood. A community can also be defined in ethnic, triba,l or cultural terms as a group of people living in close proximity, sharing certain common ethnic and cultural traits such as the same language, the same religion, and the same set of rituals and traditions. Community is generally a major influencing factor in the lives of its members. For this reason, the programmes that aim at counteracting problems within the community would be more effective if they motivate the community as a whole towards taking collective action. Community Action is therefore an important concept in prevention. When looking at issues connected to alcohol tobacco and drug use within the community, it may be observed that drug-related issues are complex, inconsistent, and unevenly distributed. Therefore, to tackle them effectively, it is necessary to develop comprehensive prevention programmes involving multiple target groups in a range of settings. It is also necessary to aim at obtaining the widest possible participation from members of the community.

In recent years, various research findings and evaluations as well as the experiences of social workers involved in alcohol and drug prevention have indicated the need for comprehensive alcohol and drug prevention efforts that involve the community as a whole. These include the involvement of multiple levels of the community, its various sectors and organizations, and use of various strategies. A drug free community can be created through the process of community empowerment. Empowerment shifts the responsibility for planning and decision making from agencies and professionals to the community so that the community would bear the responsibility of the implementation, progress, and sustainability of the programmes.

Community Empowerment Paradigms

Table 1 below refers to the main differences between the service delivery by organizations, and the empowerment of communities.

Delivery of service	Empowerment of Communities
Professionals are responsible: Doing it for the community	Responsibility is shared: Doing with the communities
Power is vested in agencies	Power resides with the communities
Professionals are seen as experts	The community is the expert
Planning and service are responsive to each agency's mission	Services and activities are planned and implemented on the basis of community needs and priorities
Planning and service delivery is fragmented	Planning and service delivery are interdependent and integrated.
Leadership is external and based on authority, position and title	Leadership is within the community, based on the ability to develop a shared vision, maintain a broad base of support, and manage community problem – solving.
Ethnic and cultural differences are denied	Ethnic diversity and special populations are valued
External linkages are limited to networking and coordination	Cooperation and collaboration are emphasized
The decision - making process is exclusive	Decision – making is inclusive
Accountability is to the agency	Accountability is to the community
The primary purpose of evaluation is to determine funding	Evaluation is used to check programme development and decision – making
Funding comes in a lump sum	Funding is on critical issues
Community participation is limited in providing input and feedback	The community is maximally involved at all levels

Table 2 : Differences between the Service Delivery Model and the Community Empowerment Model

Initiating Community Alcohol Prevention: Promoting Prevention through a Community Action Team

Alcohol and drug prevention activities within the community could begin as part of the daily routines of community members. For example, members of the community could start by making an effort to create a change in attitude among their peers and other individuals whom they may meet and interact with on a day-to-day basis. However, to launch a comprehensive communitywide prevention programme, it is necessary to form a small core group within the

community itself or a Community Action Team, consisting of about 5 to 10 members. Prospective members of the team should have one or more of the following:

- An interest in community work.
- The ability to give feedback on the process.
- The ability to devote time to participate in team activities
- Familiarity with the community and its problems

The recruitment process of community members to the team should begin with informal discussions through which participants are convinced on why they would be best suited to participate in prevention activities. A minimum of five to ten community members should be recruited to the team among the participants at the discussions.

Discussions should emphasize on the following points:

- It is the duty of the community to prevent young people from initiating alcohol and drug use by taking appropriate steps even before they initiate it.

- There are many measures available which can be implemented with regard to the above and continuous effort will ensure success.

- The preventive work should be regarded as the responsibility of and as a challenge for the local community itself rather than that of any outside agency.

- The prevention of alcohol and drug use will make life happier, more pleasant, and more enjoyable for all the members of the community.

Obstacles to Community Mobilization

While conducting the discussions on the recruiting of members for the team, it is inevitable that certain questions and objections may arise. The following are some of the commonly asked questions and the responses to them.

- *How could we stop those who are dependent on alcohol or drugs?*

The message conveyed to the community should be that the programmes aim, not at tackling alcohol and drug dependence at first, but at preventing the initiation of alcohol and drug use by non-users, especially the children and youth. Another objective of the programme is also to minimize the problems related to alcohol or drug use. When users realise that prevention is not a vendetta against them and rather an effort to protect society as a whole, they could be persuaded to support the prevention efforts. This includes the cooperation of the entire community, including both users and non-users alike.

- *Prevention work has been done even in the past but no good has come out of it.*

  The current situation could have been much worse if no prevention activities were carried out in the past. Those involved in alcohol and drug prevention are now equipped with innovative approaches that are much more promising and enjoyable.

- *Prevention activities will offend alcohol or drug users*

  The alcohol and drug prevention programmes are not a battle between the users and the non-users. The community as a whole suffers from the consequences of alcohol and drug use, therefore the community as a whole must respond to the problem. Prevention efforts are for both, users and non-users alike. Therefore, the prevention approach outlined here should not offend current users.

- *Will the families of illicit brewers suffer if alcohol consumption falls?*

  The money spent on alcohol could be saved and spent on other activities that will generate income and employment. The ways in which the money could be invested in this way must be explored. Such investment will be of greater value to the community. When considering the harm caused to the families of alcohol users and the families of those who manufacture illicit alcohol, it could be observed that the quality of life for both, is considerably low. Therefore, the loss to the illicit alcohol trade is not a great loss to the community or to the families of those connected to it.

- *Can we implement alcohol and drug prevention activities alone?*

  These activities cannot be implemented individually. It is necessary to enlist the support of others in the community as well. Activities can be started with families that closely associate with the temple and with dhamma school. Any opportunity that may arise in a community can be utilized and involved in this endeavour. Initially, it may not be possible to convince all members of the community to join the prevention efforts. This should not be seen as a major obstacle in the early stages of the prevention programme. The support of even a few individuals is enough to achieve the desired results.

  After the formation of the community action team, the next step would be to mobilize a wider group of individuals in order to launch alcohol and drug prevention efforts in the community. Unlike the more traditional approaches, through this new approach, the responsibility of carrying out prevention activities should not be entrusted to specialized agencies and/or professionals. It should instead be entrusted to the members of the community. Members of the larger group should then be recruited from within the community itself. The most important element for success is the level of enthusiasm and interest of the group itself. Table

2 given below shows the major differences between the traditional and new approaches to alcohol and drug prevention.

Traditional approach	New approach
Fear tactics are central and the harm, caused by effects of alcohol and drug use is greatly exaggerated	Both, the harm as well as the basis of the alleged positive effects of alcohol use are challenged. The fact that the so-called positive effects of alcohol and drugs, for example, enjoyment and the forgetting of worries, are not due to the chemical effects of these substances but as the result of a permissive environment, and social beliefs and expectations is stressed on.
The prevention message is to a great extent, delivered by experts, elders, or the clergy, using a didactic process	Expertise is built within the community itself and the expected change is brought about with the participation of all members of the community
Activities are often limited to seminars, lectures, and the like	Activities are not confined to special campaigns and similar activities, but are incorporated into the individual's daily routine.
Often seen as a struggle between the non-users and users.	Prevention is recognized as a joint activity involving all levels of users and non-users.
More disciplined and serious-minded people are involved	All types of individuals are involved. A successful intervention effort will need the combined efforts of a multifaceted task force.

Table 3: Differences between the Traditional and New Approaches to Prevention

The community action team must look for ways of making the prevention efforts efficient and effective. This requires assessing the current situation as well as planning, monitoring, and evaluating the prevention efforts. All of these are aspects of prevention programmes that most people, though keen to work in the community, often tend to neglect. It is then, the duty of the team to ensure that all its members are interested in planning and assessing the progress of the programme and in maintaining their interest in the programme.

The community action team must seek answers to the following questions to understand how the community is organized.

-Which organizations and systems make important decisions for the community?

-Who are the key persons in the community?

-What are the existing problems related to the alcohol and drug use?

-What are the patterns of alcohol and drug use within the community?

-What are the beliefs and attitudes regarding alcohol and drugs within the community?

-What are the influencing factors that promote alcohol and drug use?
-What are the alcohol and drug prevention programmes that already exist?
-What are the existing pieces of legislation relating to alcohol and drug use?

This enables the people to identify the extent of the problems related to alcohol use within the community. Quite often, allowing members of the community to discover for themselves the extent of the harm caused by alcohol tobacco and drugs alone is sufficient to initiate a response. The realization of, for example, the sheer enormity of the annual expenditure on alcohol tobacco and drug usually shocking to many, so much so that they are motivated to eradicate the use of alcohol and drugs. People can similarly be guided towards discovering the ways in which alcohol and drug use promotes injustice and the exploitation of the weaker segments of society.

Another factor that could motivate community members to take action towards alcohol prevention is the prospect of using the money that would otherwise be spent on alcohol tobacco and drugs for the development of the family and the community. It is therefore, important for the community action team to calculate the total cost of alcohol over a given period of time and make the community aware of their findings. One way in which this could be done is by randomly selecting a sample of approximately 50 families for a survey, then calculating the amount spent on alcohol tobacco, and drugs among these families over a given period of time, and generalizing the findings to the entire community. The total cost of alcohol tobacco and drugs among members of the entire community can be assessed by observing the members of the community that use alcohol and drugs , investigating their personal expenses related to such substances, and based on the observations made, assessing the total amount spent on alcohol tobacco and drugs over a stipulated period.

The expenditure on intoxicants can also be estimated by establishing friendly relationships with the licit and illicit sales outlets that sell alcohol within the community. Those who have regular contact with such sales outlets are also ideal for carrying out inquiries of this nature. Once the necessary figures have been obtained, the community could be informed of the findings that emerged from the assessment in a suitable manner. If an assessment is conducted at the initiation of the alcohol prevention programme, another assessment should be conducted after about 1 to 2 years in order to measure the changes that occur within the community as a result of the programme. Though measuring the actual rate of alcohol consumption within the community may prove to be difficult, the changes among the members of the community with regard to factors such as the perceptions of alcohol use and drunken behaviour could be assessed and analysed more easily.

Establishing Indicators

To ensure the likelihood of success, an overall impact that is expected to be achieved through the programme should be determined at its outset and the progress made towards this impact should be continually assessed. The observation of the changes in attitudes towards alcohol use as well as the extent of alcohol use forms a strong foundation upon which the overall impact could be developed. As having proper quantifiable data provides a solid basis for the assessment of the impact, the next step would be to develop measurable indicators based on the various areas covered through the impact. Assessment of the indicators should then be conducted on a regular basis.

Identifying resources

Resources are essential in conducting prevention activities. While the people of the community are one such resource, all organizations, groups, and institutions operating within the community as well as the community leaders and other stakeholders could also be considered valuable resources. By incorporating alcohol prevention activities into the existing activities of the organizations, groups, and institutions as well as by lobbying with community leaders and other stakeholders, the chances of achieving success through the prevention programme could be increased. When working with the former groups, it is important to lead them towards realizing the outcomes of the prevention of alcohol use in a way that furthers the aims and objectives of their own individual organizations and institutions. This realization could further strengthen their support for the prevention programme. It is therefore important at the very outset, to properly identify the available resources and take them into account when planning the alcohol prevention programme.

Educating the Community in the Buddhist way

The Buddhist monastic and lay communities are interdependent. Even today, the community members receive teachings and guidance from monastics, while the monastics receive food, clothing, shelter, and in some cases all of their material requirements from the laity. Load Buddha, throughout his lifetime, counselled individuals from all walks of life. Early Buddhist literature indicates that he had employed a wide variety of techniques in dealing with the people of different nature and with diverse problems, which can be applied at all times. His advice was life-transforming and brought everlasting solutions to mostly psychological problems of suffering. Therefore, Buddha has been introduced by two epithets; physician (*bhisakka*) and surgeon (*sallakatta*). Ovādapatikāra is one of such techniques along with other techniques such as removing defence mechanisms helping through *anuggaha* and

anusāsanāpātihāriya, used by the Buddha. These methods could be utilized when educating communities on alcohol and drug prevention and treatment.

In the early Buddhist teaching, the word counselling was referred to as advice (*ovadati),* teaches (*anusāsati*), declares (*deseti*), and these were used in the advice therapy according to the person and situation. In Ovādapatikāra, Buddha sometimes proclaimed (*ācikkhati*) certain dharmas, explained or analysed (*vivarati, vibhajati*) phenomena that occurred, or just declare (*deseti*) certain Vinaya rules. In Pāli, *patikaroti* means treatment, therefore we can understand that ***ovādapatikāra*** means the treatment through advice. It has been expressed in Dutiyaovāda Sutta, that "when there are no bhikkhus who are exhorters: this is a case of decline". Buddha further said in the sutta "exhort the bhikkhus, Kassapa, give them a Dhamma talk, either I should exhort the bhikkhus, Kassapa or you should. Either I should give them a Dhamma talk or you should". In Kevadda Sutta, load Buddha declared that he and the monks use the miracle of teaching (*anusāsanāpātihāriya)* in order to attract more people to dhamma learnings and change their behaviours. These interventions of counselling were sometimes brief, using concise method (*saṃkhittena*) or detailed (*vitthārena*).

The main aim of this advice therapy is to correct or modify the unsuitable thoughts or behaviour of the client. Rather than only looking at the symptoms, understanding the very core of the factors or determinants of the client's problem is the approach of Buddhist psychotherapy. Making the client aware of his or her problem is also considered a high priority. Everyone is suitable to receive such advice until attaining Arahantship. This therapeutic advice will prevent the client involved in any further misconduct and neutralise the determinants that cause the psychological problems. Dhammapada, verse 76: explains that one should follow a man of wisdom who rebukes one for one's faults, as one would follow a guide to some buried treasure. To one who follows such a wise man, it will be an advantage and not a disadvantage. If a person commits any wrong, correcting him after advising and giving him a second chance is one of the Buddhist approaches to behaviour modification.

This has been very evident in Sāmaññaphala Sutta, where the king Ajatashatru confessed that he himself had killed his own father so as to become king. The Buddha replied: "Yes, great king, a transgression overcame you in that you were so foolish, so muddle-headed, and so unskilled as to kill your father — a righteous man, a righteous king — for the sake of sovereign rulership. But because you see your transgression as such and make amends in accordance with the Dhamma, we accept your confession. For it is a cause of growth in the Dhamma and Discipline of the noble ones when, seeing a transgression as such, one makes amends in accordance with the Dhamma and exercises restraint in the future. In Ambalatthika – rahulovāda Sutta/ MN 61 Buddha's advice, "Rahul, an action with the body should be done after repeated reflection; an action by speech should be done after repeated reflection; an action by mind should be done after

repeated reflection". When examining these *suttas it* can be observed that ***ovādapatikāra*** should perform with great compassion and loving-kindness towards the client. Load Buddha is referred to as the Great Compassionate One (*mahākārunika*).

Most of the individuals who have developed alcohol or drug dependence disorders have a wrong view, distorted perception (*Viparita Saññā*), and wrong cognition. As their judgments are irrational, there is a need for restructuring their cognition. Advice therapy tries to train the body and mind of the individual in order to broaden the way he looks at his or her own problems and connected contextual affairs. In Dantabhūmi Sutta (MN 125 PTS: M iii 128) such an individual with psychological problems is compared to a wild elephant a wild horse or a wild ox so that ***ovādapatikāra*** includes taming strategies. Punnovāda Sutta (MN) is another sutta that Buddha communicate with Venerable Punna using ovādapatikāra where Punna was made aware of the dangers of living in Sunaparanta Janapada. Load Buddha's mode of explanation of a problem can be categorized in four ways.

1. Problems that ought to be solved categorically (*ekamsavyākaranīya*)
2. Problems that ought to be solved with counter-question (*patipucchāvyākaranīya*)
3. Problems that ought to be set aside (*ṭhapanīya*)
4. Problems that should be solved analytically (*vibajjavyākaranīya*) (A11, p.46)

On most the occasions *ovādapatikāra* began with *Dhammī-kathā* or the accusative form of it, Dhamiṃ Kathaṃ. When observing the *Gilana sutta* format Lord Buddha's interventions started with "I hope you are getting better, monk. I hope you are comfortable. I hope that your pains are lessening and not increasing. I hope that there are signs of their lessening, and not of their increasing." Load Buddha engaged in Compassionate communication in changing behaviours and cognitive aspects of the individuals, with *mettā* and *karuṇā.* It is a purposeful communication, turning a passive listener into an active partner who provides responsive feedback. We can observe that Buddha's compassion regards the suffering of living beings as his own suffering and it is referred to as "great pity based on sameness of essence" or empathetic understanding. *Mettā* is a multi-significant term meaning loving-kindness, friendliness, goodwill and non-violence and this has been expressed throughout Pilindavacca stories. This Dhammī Kathā, which is a therapeutic communication helps to instruct (*sandasseti*), inspire (*samādapeti*), rouse (*samuṭṭejeti*) and gladden (*sampahamseti)* the receiver. Pāli commentaries explain that by instruction, the Buddha dispels the listener's delusion; by inspiring him, heedlessness is dispelled; by rousing him, indolence is dispelled; and by gladdening, brings practice to a conclusion.

Changes Expected within the Community

The ultimate goal of alcohol and drug prevention education is to create an environment in which the non-users are not induced to initiate the use of alcohol or drugs, and users

are inspired to reduce or discontinue the use of alcohol or drugs. In order to achieve this, the community as a whole must refrain from glamorizing and mystifying alcohol or drug use and related experiences. Steps could also be taken by members of the community to reverse the existing positive image of alcohol tobacco and drugs created by the users who falsely glorify their experiences and others who attribute high status to intoxicants either deliberately or inadvertently.

This approach could be implemented by identifying the rituals and symbols that give value to alcohol and drug use and changing the social influences through creative and innovative activities. In the resulting changed environment, alcohol and drug use would eventually lose its aura of power, enjoyment, and relaxation and come to be viewed as a tasteless and unglamorous activity. The experience of using alcohol or drugs would be limited to its chemical effects which are rather unexciting and unpleasant as proven through laboratory studies.

In an environment in which alcohol and drugs are not glorified and glamorized, even those who have used those substances over a prolonged period would begin to recognize the difference between their socially learned pleasant effects and their actual unpleasant chemical effects. Those who are particularly dependent on alcohol or drugs may also begin to realize that the positive feelings they experience when using intoxicants are mainly due to the relief from the withdrawal discomfort that they experience when refraining from the alcohol or drug use.

As the community becomes increasingly enlightened on alcohol and drugs, it would be possible to observe a gradual decrease in the sense of enchantment and wonder attached to alcohol use. The symbolic meanings attached to alcohol will also begin to decline in importance. The changes in the community can be catalogued as follows:

- People, especially non–users, begin to see the consumption of alcohol or drugs in a new light. They will cease to assume that substance use is a highly pleasurable experience and that it helps individuals to forget their worries and to relax. While alcohol and drug users are viewed with sympathy for the restrictions that alcohol or drug use imposes on their lives, they are not given special privileges to break social norms. Rather, the users are held accountable for their misbehaviour while under the influence of alcohol or drugs.

- On examining their experience with alcohol, occasional alcohol users begin to discover that what they experience due to the chemical effects of the substance is not pleasant. They eventually come to realize the ways in which the “culture” built around alcohol has become the main contributing factor to the joy experienced when consuming it. Users will find that the glamour of

using alcohol or drugs has diminished as the community no longer views alcohol or drug use as special and sees the users as victims. They will also discover that the community does not encourage them to victimize or molest others under the guise of intoxication and that they are held responsible for their actions just as they would be had they been sober.

- Regular or daily users of alcohol or drugs begin to understand that alcohol or drug use is only pleasurable to the extent that it reduces the discomfort that they experience when they do not consume it. They also admit to others that they are driven to use alcohol because of these withdrawal symptoms and not because of any pleasurable experiences produced by alcohol.

- Both, the users and non-users work to prevent the spread of alcohol or drug use and recognize the losses that the community incurs as a result of the use of alcohol. Both groups do not see alcohol and drug prevention as a battle between users and non-users. Instead, the entire community unites in challenging the statements, expressions, practices, and rituals which give alcohol use a special aura.

- An environment is created in which any individual who uses alcohol and drugs finds the experience to be unattractive and unpleasant.

Action taken in the process of alcohol prevention can be summarized as follows.

1. Understanding the existing situation.
2. Understanding the ideal situation
3. Changing the environment towards the ideal situation through creative interventions.

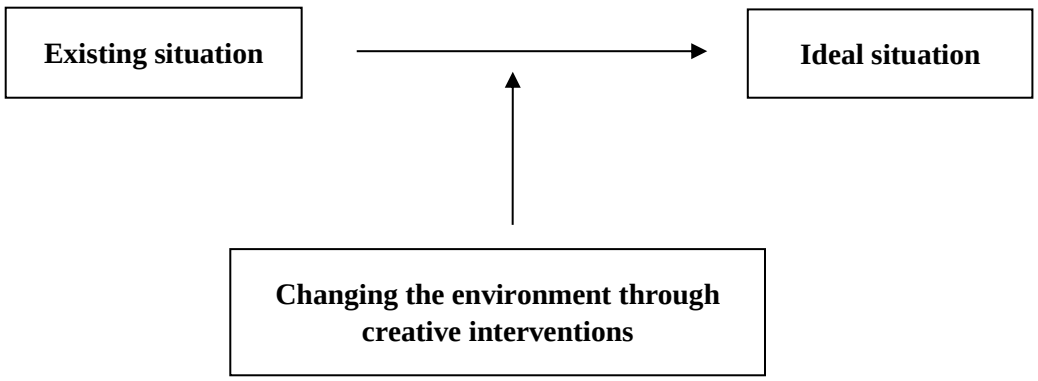


Fig. 6: Changing the Existing Situation in the Community through Creative Activities

Existing Situation in the Community	Ideal Situation in the Community
1. Alcohol or drug-induced misbehaviour is pardoned under the assumption that it occurs without the knowledge of those engaged in it	Inappropriate behaviour after alcohol or drug use is not excused. It is considered an attempt to deceive others while committing offences.
2. The absurd behaviour of an individual who has consumed alcohol is reinforced by the laughter and cheering of onlookers	Reinforcement for such behaviour is not tolerated and is widely opposed
3. An individual who has consumed alcohol or drugs is relieved of the responsibility for their work and family	The individual is not relieved of responsibility, rather, is expected to carry out all responsibilities regardless of having consumed alcohol
4. Alcohol and drug use is perceived as enjoyable and satisfying	Alcohol and drug is perceived as not enjoyable but as an impediment to happiness
5. Alcohol or drugs are believed to be relaxing and reduce one's worries	It is understood that the relaxing effects of alcohol are not due to its chemical properties. It is believed that alcohol contributes to problems and that one feels tired and uncomfortable when using it
6. Individuals are influenced by advertisements or promotions of alcohol	Despite the messages communicated through advertisements, individuals can understand that the increase in self-confidence and the decrease in fear are not due to the chemical effects of alcohol but are due to social learning and conditioning
7. The unpleasant effects of alcohol and drugs are not seen, questioned, or disclosed	The unpleasantness of alcohol and the understanding that it causes discomfort are discussed openly without fear
8. Alcohol and drug use is often glamorized and exaggerated	Alcohol or drug use is portrayed as foolish and irrational. Attempts at glorifying alcohol are vehemently opposed
9. The culture surrounding the use of alcohol and drugs is considered wonderful and desirable	The culture surrounding the use of alcohol and drugs is considered undesirable, hollow and ridiculous
10. Individuals talk in favour of and patronize the use of alcohol and drugs	Not only does the community look down on alcohol and drug use, but the users too, see themselves as trapped in the habit

Table 4: Expected Situation Change in the Community

Guidance from Buddhism for Community Education

When working with the community for preventing drug use, the community action team leaders should work with four divine abidings (*Brahma vihara*) *Mettā, Muditā, Karuna*, and *Upekkhā* towards the community, alcohol and drug users and themselves.

Loving-kindness (*Mettā*) is defined as the mode of friendliness for its characteristics. Its natural function is to promote friendliness. It is manifested as the disappearance of ill-will. Its footing is seen with kindness. When it succeeds, it eliminates ill-will. When it fails, it degenerates into selfish affectionate desire. The community action team works for the happiness of others including alcohol and drug users which eventually provides happiness for themselves. Loving acceptance of alcohol and drug users and having empathy for them will be a positive attitudinal change in the first stage which reduces the tiredness although the alcohol and drug prevention in the community is a tiring effort.

Compassion (*Karuṇā*) is the desire to remove harm and suffering from others. Leaders should make their interventions with the community, out of compassion. It is the ability to feel distressed, pain and suffering in others with empathetic understanding as if it is one's own and to genuinely wish them relief from suffering and distress. The true feeling of compassion will make one want to take action to remove suffering in others. The negative emotions of cruelty and the wish to harm others will be countered by developing the virtue of compassion. According to Mahāyāna Buddhism, *karuṇā* is one of the two qualities, along with enlightened wisdom to be cultivated on the bodhisattva path.

Soon after becoming the Samma Sambuddha, the Buddha instructed the group of the first sixty ordained Arahants to wander around the villages, out of compassion for the world and spread the teaching among the people so that they could also travel on the path and gain liberation from suffering. "Go forth, monks, for the happiness of the many, out of compassion for the world. There are beings whose eyes have little dust on them, who will perish if they do not hear the teaching. But if they hear the teachings, they will gain liberation". When someone is having a good understanding of the myths and realities of alcohol and drugs, it is his or her responsibility to make that awareness and understanding of others who are still got deceived by those substances, with compassion.

Sympathetic, altruistic or appreciative joy (*Muditā*) is the quality of rejoicing at the success and prosperity of others. It is the ability to feel joy and happiness when someone else is experiencing success or happiness as if it is one's own. It can also be described as one's ability to share in others' success, joy and happiness. It is perhaps the most difficult of the four Brahma viharas to develop within oneself. When one is feeling sympathetic joy towards someone else's success and happiness it will counter the negative feelings of resentment, envy and jealousy or discontent over the success of others. When someone is successfully recovered from addiction, he will start to prosper and become healthier, wiser and rich. People who supported him in recovery have to be happy about his success.

Equanimity (*Upekkhā)* is the state of mind based on the wisdom that regards objects with impartiality, free from attachment and aversion. It helps to stay calm, steady and balanced in the face of the vicissitudes of life that one is confronted with. During worldly life, one could not avoid facing the eight worldly conditions (*attha lokadhamma*) which are gain and loss, honour and dishonour, praise and blame, and happiness and misery. When dealing with community-level prevention and treatment both successes and failures will be encountered. The virtue of equanimity helps one to stay calm and steady while facing the above mention failures, not only in oneself but in others too. It also helps one to remain composed and impartial with emotional evenness when faced with happy and exciting situations or difficult and provoking situations and people.

Educating the community on misconceptions of Alcohol and Drugs

5

Initiating Public Discussion

Following the formation of the community action team attached to the Buddhist temples, monastery, and meditation centre and assessing the need for alcohol and drug prevention, the next step of the community-level prevention programme is to reach out to create an accurate understanding on alcohol and drug use among the wider public. This could be achieved through a public discussion on the type of changes required to reduce and prevent the use of alcohol and other drugs within the community. Awareness could also be created by using the existing channels of day-to-day communication. In spreading knowledge among the members of the community, it is very important to get the participation of community leaders, government officials, representatives from voluntary organizations, and as many individuals as possible from the various sections of the general public for a formal discussion. The venue should be a place at which members of the community generally meet such as a temple, meditation centre, school, community centre, or even a house of a well-wisher.

The general public and voluntary organizations, representatives from the clergy, sports organizations, and youth clubs could be invited to participate by displaying notices or posters in prominent locations within the community. It is also important that alcohol users are also represented at this meeting.

Preparation

Working with Youth on Primary and Secondary Prevention

6

Youth are considered to be a vital segment of society when discussing issues about alcohol tobacco and other intoxicants. Even though most young people do not use alcohol tobacco and drugs, they are susceptible to the influences of advertising and social learning under the influence of which they may be more likely to initiate or experiment with alcohol and drug use. The direct and indirect promotions and advertisements of the alcohol and tobacco industry and indirect promotions of the drug mafia mainly target the youth, attracting them as new consumers for their products. It is therefore essential that the youth of the community are well trained to understand the reality of intoxicant use and involved in the alcohol and drug prevention activities with their peers and with the community. As young people are generally energetic and enthusiastic, they could easily be educated and motivated towards action. It must be recognized that building their capacity to take leadership in actions against the promotion of alcohol would be a great resource for prevention efforts.

Until recently, preventive education on alcohol use for youth has been a didactic process. In the past, it was expected that young people when told what to do, would obediently behave appropriately and refrain from using alcohol. While this approach has been proved ineffective and even counterproductive, preventive education has now moved away from it, seeking new ways of tackling the issue of alcohol use among youth. There is a general agreement that one-time special events that only give away factual information on the ill effects of alcohol use, through fear tactics or testimonials of formerly addicted persons, are not very effective prevention strategies. However, for a considerable period, these have been the main bases for the prevention of alcohol or drug use.

Buddhism is not limited only to religion; it is truly an education which involves threefold training *sīla, samadhi* and *paññ*a, which leads to the wisdom understanding and discipline of life. Methodologies adopted in Buddhism in behavioural and cognitive transformation could be easily adopted when dealing with youths in preventing their alcohol tobacco and other drug use. The ultimate aim of Buddhism is liberating from all attachments and the realization of Nibbana. People use alcohol and other drugs because they have developed an attachment and greed (*lobha*) to those intoxicants due to the wrong view. Various Buddhist suttas used different words to express the nature of this greed such as impulse (*kāmacchanda),* desire (*chanda*), excitement (*rāga*), enjoyment (*nandi*), thirst (*tanhā, pipāsā*), consuming passion (*parilāha*), or swoon or confused state of mind (*mucchā*) and these terms are useful to understand the nature and the different levels of addiction to alcohol and drugs. In liberating from this attachment to alcohol or drugs, the right view (*Sammā ditthi*) has to be developed on alcohol and drugs.

Mahavēdalla Sutta of Majjima Nikāya, explains the way of developing the right view.

"Kati panāvuso, paccayā sammādiṭṭhiyā uppādāyā" ti. "Dve kho, āvuso, paccayā sammādiṭṭhiyā – parato ca ghoso, yoniso ca manasikāro. Ime kho, āvuso, dve paccayā sammādiṭṭhiyā uppādāyā ti".

"Friend, how many conditions are there for the arising of right view?" "Friend, there are two conditions for arising of the right view: the voice of another (*parato ghoso*) or listening to correct teaching and wise attention (*yonisomanasikāra*). These are the two conditions for the arising of right view"

In communicating prevention messages to youths, firstly there should be a worthy friend or a reliable educator *kalyāna mitta* who with compassion delivers the message. Secondly, the content or the Dharma of the message should be worthy, intellectual and penetrative to create the necessary transformation within the youths. Both of these factors are included in the term "utterance of another person" (*parato ghoso*). Learned youth who comprehend the prevention message will be such a good friend *kalyāna mitta* to deliver the message to his peers so that peer education is a cost-effective and efficient way of disseminating the right information among youths. According to this sutta, the second condition for the arising of the right view is the wise attention (*yonisomanasikāra*) of the receiver. This *yonisomanasikāra* is referred to as right attention, wise reflection, critical reflection, analytical reflection, systematic attention, reasoned attention or wise consideration in various places in Buddhist literature which indicates that it is not mere attention but thinking in terms of causal relationship how things arising and unfolding or fading away.

Āhāra Sutta explains that wise attention (*yoniso manasikāra*) is the food for the arising of the un-arisen seven factors of enlightenment or awakening (*sapta bojjhaṅga*) and for the growth and increase of the arisen factors of enlightenment. The seven factors of enlightenment which leads to liberation are:

1. Mindfulness (*sati*)
2. Investigation of dhammas (*dhamma vicaya*)
3. Effort (*viriya*)
4. Rapture (*pīti*)
5. Tranquillity (*passaddhi*)
6. Concentration (*samadhi*)
7. Equanimity (*upekkhā)*

Although most youths are not addicted to alcohol and drug use, to emancipate from the positive and attractive image of alcohol and drugs in the mindset which has been created through conditioning and social learning, wise contemplation on alcohol and drug use is needed. They have to look at their own or any other person's alcohol or drug use mindfully (sati) and investigate how a dull chemical like ethanol has become attractive (*dhamma vicaya*). To change long-standing beliefs is not easy so they should try to comprehend them with effort (viriya). Especially in the Western culture alcohol use is so normal and accepted that one has to think out of the box to understand the futile nature of alcohol use. Thinking of abstaining from using alcohol at the next party will be a very disturbing thought at least for some youths. They may have to develop tranquillity (*passaddhi*) and concentration (*samadhi*) to have the right view on alcohol and drugs. In the later stages, looking at alcohol and drugs with equanimity (*upekkhā)* that is without any attraction or repulsion towards

alcohol or drugs is an important factor for the clear comprehension as both the attraction and repulsion create biases that clouds the reality of alcohol or drugs.According to the above-mentioned Mahavēdalla Sutta, liberation could be achieved in two ways;

1. Deliverance of mind (*cetovimuttiṃ)*; awareness-release
2. Deliverance by wisdom (*paññāvimutto); discernment*-release

When youths develop their mind on the ill effects and the consequences of alcohol and drug use, they may partly liberate from alcohol or drugs as their moral standards and virtue are developed. When youths study in Dhamma school, just after meditation training or prevention education programme, they may refrain from using alcohol or drugs for a certain period of time. It can be observed after some time, they again start using alcohol probably moderately as they have not fully eradicated their attachments to alcohol. Only with wisdom that someone could completely eradicate the attachment towards alcohol or drugs and be fully liberated from substance use and this liberation could be explained as Deliverance by wisdom (*paññāvimutto).*

As discussed in previous chapters, alcohol or drug use is an unwholesome behaviour occurred due to the defilements (kilesa) in mind and when liberating from alcohol or drug use is a process of removing or overcoming (*pahāna*) those defilements. In Buddhism, there are five strategies or cognitive modifications adopted to resolve problematic behaviours or psychological disorders.

1. *Vikkambhana pahāna*- Overcoming repression i.e. the temporary suspension or pushing back of adverse things such as five hindrances, through the mental concentration (*samadhi*), just as a pot thrown into moss-clad water pushes the moss aside
2. *Tadanga pahāna* – Overcoming by opposite or opposing the defilements through the factor of knowledge belong to insight (vipassana), just as a lighted lamp dispels the darkness of the night.
3. *Patipassaddhi pahāna* – Overcoming by tranquilization
4. *Samuccheda pahāna* – Overcoming by full destruction, through wisdom destroy all the relevant defilements or fetters that cannot sustain or continue any longer just like a tree destroyed by lightning
5. *Nissarana pahāna- Overcoming* by escape which is identical to the extinction and Nibbāna

It is explained in Mahavēdalla Sutta that the right view is assisted by virtue, assisted by learning, assisted by discussion, assisted by tranquillity, and assisted by insight. Assisted by these five factors, the right view has awareness-release as its fruit and reward, and discernment-release as its fruit and reward. In the light of Mahavēdalla Sutta, when conducting alcohol and drug prevention programmes, paying attention to the following points will be useful.

I. Prevention education could be delivered by a trustworthy person with compassion.
II. Programme content should generate development in mind and wisdom.
III. Content should analyze how alcohol and drugs became magical and attractive through the wrong view and through conditioning and wrong learning (*vipallāsa and papañca*)

IV. Education programmes first be able to generate a behavioural transformation through virtue (*sīla*) and cognitive transformation through concentration (*samadhi*) and wisdom (*paññа*).

V. Content should be able to first suppress the defilements through the development of the mind and then completely eradicate attachment to the substance through wisdom.

An effective strategy in introducing interesting and motivating long-term prevention programmes within the community is to form a group of youth volunteers whose tasks are firstly to educate and transform their peers and secondly to organize and conduct community-level alcohol and drug prevention activities. This group should consist of female and male members who can meet regularly and are dedicated and committed to their common cause. Prevention programmes for youth should focus on demystifying and deglamourizing alcohol and drugs and the settings of their use. A better impact can be achieved if the activities of the youth group could be integrated with the broader community-level prevention activities conducted by the Community Action Team. The activities of the youth group should be planned in a way that the young people of the community are guided towards the self-realization that the actual experience of using alcohol or drugs is unpleasant and uncomfortable. It is also important that the youth are educated on how the use of alcohol is made pleasurable through the process of conditioning. To change the attitudes of youth towards alcohol and drug use, it is necessary to identify factors that promote it. This is a very useful exercise that enables one to remove the effects of extraneous factors that are associated with alcohol or drugs as it would guide non-users to better understand the chemical effects of the substance and how its use has been made pleasurable through these extraneous factors.

More often than not, young people tend to find that the idea of challenging any kind of traditional norms and beliefs is exciting. Taking this into account, the members of the youth group and other young people within the community could be made aware that the idea that the chemical effects of alcohol or drugs are inherently enjoyable is based on common social beliefs just as much as the attractive image of alcohol is. In this way, challenging the existing beliefs on alcohol and drugs could be presented as a fun activity. Youth could take up the challenge to falsify the misconceptions of the image of alcohol and drugs as part of their daily routine. Furthermore, they could get involved in activities that would prevent the promotion of alcohol tobacco cannabis heroin or other drug use. They could, for example, avoid wearing clothing such as T-shirts with promotional messages that encourage alcohol or tobacco cannabis use. Similarly, they could urge the youth clubs and sports clubs in the community to refrain from accepting any sponsorship from companies that sell alcohol or tobacco. Youth should gradually be made to understand that parties and other festivities would be more enjoyable without alcohol or drug use so that the non-users on these occasions would experience no discomfort and unpleasant situations as a result of the behaviour of the users. They should also be guided to observe the behaviour of alcohol or drug users at festivals and other celebrations noting that the users, rather than actually enjoying themselves, are only pretending to do so. They could later expose this observation to the users by discussing the

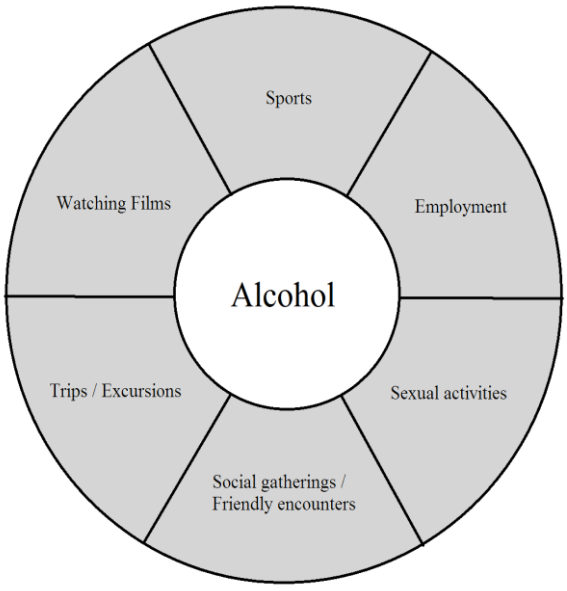
issue with them directly and openly asking them to express their actual experiences after drinking alcohol or taking drugs.

Youth Participation

Most young people get attracted to and initiate alcohol tobacco or use at special, typically cheerful occasions such as parties with a considerably low dosage and most of the time only symbolical, just to show off "I used alcohol or drugs". Thereafter, they would continue to use alcohol or drugs on various other occasions at different stages of their lives. A person who initiates alcohol or drug use during friendly encounters with others in low amounts may continue to use alcohol or drugs for a considerable period and thereafter would not be able to enjoy a friendly gathering without it. In the same way, alcohol or drug use would become associated with other occasions and events with similar consequences. As a result, over a period of time, more and more ordinary activities would become associated with alcohol or drug use and the users would eventually become less able to live normally and enjoy life. Hence, alcohol or drug use would become an obstacle to young people, impairing their ability to enjoy their life to the fullest.

The youth group would have the responsibility of challenging and correcting the false expectancies of alcohol, tobacco, cannabis, methamphetamine, and heroin use and the incorrect practices associated with the use in their community. They must therefore take a leading role in creating a better social background for the community's overall development. They must also be aware that the alcohol and tobacco industry and dealers persistently target children and young people by portraying alcohol or tobacco use as an act of the high society, deceiving them in order to make more money.

Furthermore, members of the youth must become aware, and make others aware, that by falling prey to these tactics of the alcohol or tobacco industry and the drug dealers, children and young people are in danger of becoming completely dependent on alcohol tobacco or drugs. As shown in Fig. 5, if people become dependent on alcohol or drugs during adolescence or youth, they are likely to continue alcohol or drug use into adulthood, and it would eventually occupy a central part of their lives. They would cast all other activities into a subordinate position so that their lives would be completely governed by the use of alcohol or drugs. By increasing awareness of these long-term



consequences of alcohol and drug use, it would be possible to prevent children and young people from becoming dependent on the substance.

Fig.7: How Alcohol Becomes the Main Focal Point in The Life of an Alcohol Dependent Individual

Connecting with youth through both formal organizations and informal groups and getting them involved in alcohol and drug prevention activities gives them valuable life experiences that could improve their creativity and the ability to meet challenges even later on in life. Formal youth organizations include youths associated with monasteries or temples, youth clubs, football cricket and other sporting teams, musical bands, and troupes of actors and dancers. There are also informal youth groups such as groups of friends and other special groups that are collectively involved in organizing religious gatherings and other social functions.

Prevention Messages

As mentioned earlier, using alcohol is in reality an unpleasant experience. It becomes pleasant not due to the substance's chemical effects, but due to the flawed values attributed to it by society. In other words, it becomes attractive due to environmental factors rather than natural factors. Therefore, in preventing alcohol use, it is important to recognize the subtle effects of these environmental factors that make alcohol use be perceived as fun and enjoyable.

One way in which youth may learn to recognize alcohol use as attractive is if they witness a famous, much-admired person, such as a celebrity, consuming alcohol. Similarly, in situations where the majority of people use alcohol, many young people will find it humiliating to avoid using it. In these situations, even one who finds alcohol use to be unpleasant or unentertaining would be compelled to pretend otherwise to avoid humiliation. Here, the perceived unpleasantness of not using alcohol would far outweigh the actual unpleasantness of the effects of alcohol. Furthermore, those who claim to be more experienced in alcohol use would exaggerate the false expectancies surrounding it and its alleged benefits thereby exerting more pressure on the non-users to consume alcohol. Even those who do not consume alcohol would often have no choice but to participate in activities that would encourage alcohol use such as giving company to the users and being amused by their absurd behaviours.

The use of alcohol is often initiated at meetings with peer groups and continued due to certain social factors (see Fig. 6) that make it pleasant and attractive. As a result of being conditioned through these factors over an extended period of time, alcohol is transformed into a symbol of happiness. For example, youth may feel energized and elated at the mere sight of a bottle

of alcohol and may attribute the cheerful mood prevailing at casual meetings with peers to alcohol.

Young people, who initially associate alcohol with happy occasions would, over a while, learn to believe that no special occasion would be cheerful without it. Following prolonged conditioning, they may find themselves unable to enjoy any special event without alcohol. Similarly, they may gradually lose their ability to perform other tasks that they could normally do unaided, such as sleeping and eating, if alcohol is not available. One may then understand that getting accustomed to the use of alcohol seriously limits a person's normal capabilities. It is important to guide youth towards understanding this as well as the fact that just as the initiation of alcohol use restricts the abilities of individuals, refraining from alcohol use enables one to think freely and logically thereby maximizing the level of contentment in life.

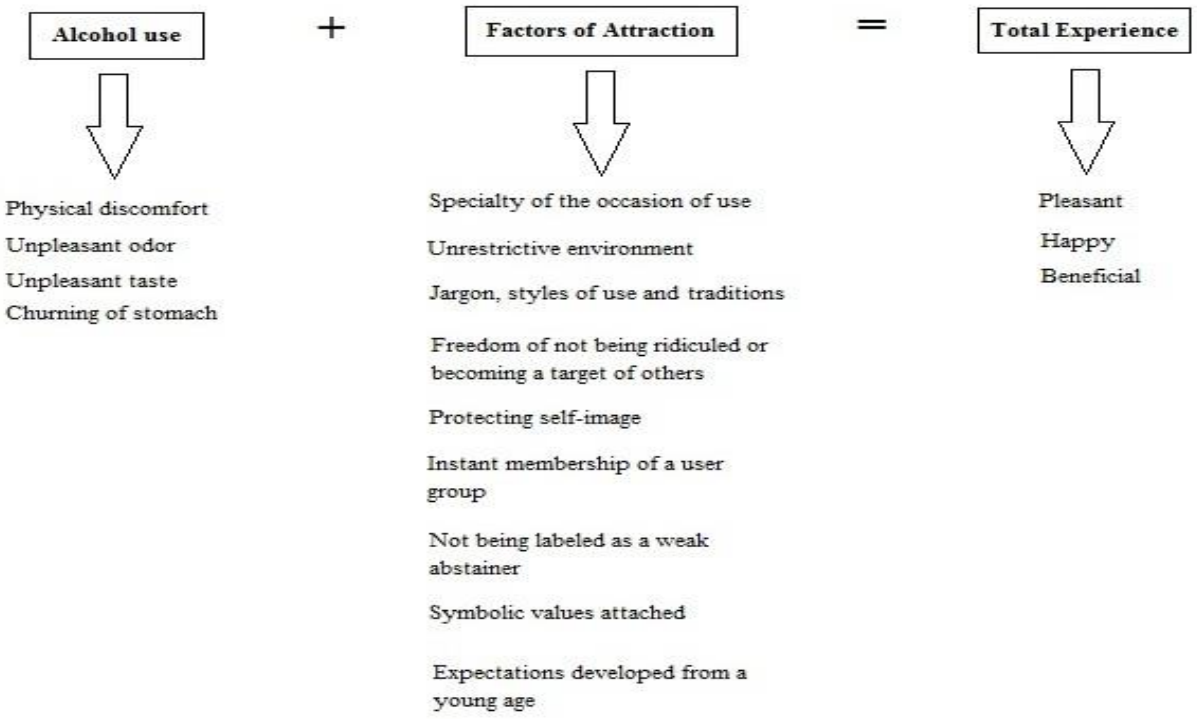


Fig. 8: How Factors that Make Alcohol Attractive Influence how Alcohol Is Perceived

Approaches to Avoid when Working with Youth

When working on alcohol prevention with youth, several points need to be taken into consideration. Taking a stance that strongly opposes alcohol use is not advisable as it carries the risk of giving the impression that the main objective of the programme is to stop

“someone’s use of alcohol”. This would not be appealing to young people. Similarly, puritan or moral approaches or using fear tactics have been proven to be ineffective and even counterproductive. Alcohol prevention approaches should not be limited to lectures and seminars. Likewise, activities like protest marches or walks have little effect on changing the behaviour of users and non-users and are therefore of little value.

Reducing the Attractiveness of Alcohol and Drugs

As mentioned in the previous sections, the attractive image built around alcohol motivates young people to initiate its use. Members of the youth group should then question the basis for alcohol or drug use and judge the irrational acts committed by users under the influence of such substances. The youth group must understand and educate others that these acts are committed consciously, and that the persons committing such acts should not be permitted or pardoned.

Parties and excursions are in themselves fun-filled and enjoyable events whether or not alcohol or drugs are present. The same is true of more casual events such as meetings with relatives or friends and celebrations at the end of examinations. Any person would enjoy such occasions whether or not he or she is an alcohol user. It is noteworthy that the enjoyment at celebrations and other events is derived from their environment rather than from the chemical effects of the alcohol consumed. However, it is often at these very celebrations and events that alcohol use is initiated especially by young people. The youth of the community must be made aware that those who initiate alcohol use get trapped in the clutches of the alcohol industry and spend the rest of their lives miserably. The youth group and the other young people within the community should be brought to a level of understanding that they can boldly state that the "fun" at a party is not derived from alcohol or drugs and to clarify that alcohol or drugs are in no way connected to the merry and joyous nature of the occasions. They should be enabled to recognize any attempts of glorifying the use of intoxicants through interpersonal communications and the print and electronic media and work towards exposing these as lures that attract and trap individuals, especially children and young people, in a vicious cycle that is difficult to escape.

There is also the widespread misconception that having consumed intoxicants such as alcohol, a person could engage in indecent behaviour without restrictions. For example, laughing or crying loudly in a way that is disturbing to others would be considered unacceptable if done by a sober person but excused if done by a person under the influence of alcohol. Other misconceptions in society cast alcohol in a positive light; for example, the idea that those who consume alcohol are cheerful, amiable and open-minded and that those who do not are weak, timid, and incapable of achieving much in life. These misconceptions are so strong that many youths are motivated to gradually become alcohol and drug users solely based on them. It is therefore important to motivate the youth to challenge the misconceptions surrounding

intoxicants and expose the fact that users have actually curtailed their wellbeing and become trapped in the snares of the alcohol and tobacco industry and vendors. They should be made to understand that those who do not use alcohol or drugs are more likely to enjoy life to the fullest. The youth groups should be capacitated to encourage non-users to convey subtle messages to the alcohol users that alcohol is in no way connected to their happiness or their behaviour and that they (the users) might, if they choose to, engage in the same behaviour even without using alcohol. In other words, non-users should be immunized against the advertising and marketing strategies used by the alcohol or tobacco industry to create and spread misconceptions about alcohol or tobacco. Statements such as the following are examples of how alcohol or drug use is (inadvertently) promoted in day-to-day life. Youth must understand and work towards correcting these wrong notions:

- "Drinkers are good-hearted fellows"
- "What is wrong if someone had a drink occasionally?"
- "When he is drunk, he is like a bird"
- "When he is drunk, he is like a child"
- "Isn't it manly to drink? So, what's wrong with that?"

Another task of the youth group would be to train other young people to negate or "deflate" these irrational statements and oppose them either through humour or by expressing disagreement through non-verbal cues. This could be done by directly challenging the actual alcohol or drug experience. For example, the statement "Our guys got together and had a few drinks yesterday" could be challenged with a statement such as "Does that mean you guys drank alcohol? Doesn't it stink?" Similarly, the statement "I had too much to drink" could be challenged with a statement such as "You mean your body is aching? What a pity!"

Young people could be encouraged to observe and counteract the antics employed by users to cover up and neutralize the unpleasant effects of alcohol through activities such as:

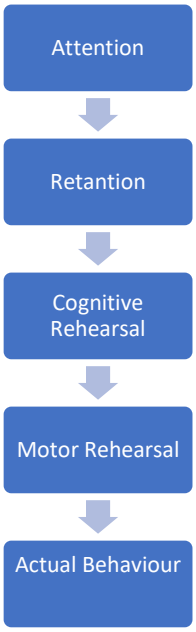
- Booing the users when they raise their glasses to cheer
- Asking the user, about the actual physical sensations he or she feels when consuming alcohol or drugs
- Asking why savoury food items are eaten while drinking alcohol (Isn't it to cover up or reduce the unpleasant taste of the alcohol?)
- Refraining from laughing at the silly jokes and antics of those who are intoxicated

Additionally, they could encourage users who have not yet fully quit the use of alcohol but are in the process of doing so to question other users on the real experience of alcohol, even while drinking, with questions such as: "My head feels heavy now, how about yours?"

Working with the Community

Pabhassaramidaṃ, bhikkhave, cittaṃ. Tañca kho āgantukehi upakkilesehi upakkiliṭṭhaṃ.

Radiant, monks, is this mind. And it is defiled by transient defilements.


Attention
Retantion
Cognitive Rehearsal
Motor Rehearsal
Actual Behaviour

Buddhist Counselling for the Liberation (*vimutti*) from Alcohol and Drug Use 9

Counselling denotes a professional relationship between a trained counsellor and a client. This relationship is usually a person–to–person, although it may sometimes involve more than two people. It is designed to help clients to understand and clarify their views of their living space and to learn to reach their self–determined goals through meaningful, well–informed choices and through the resolution of problems of an emotional or interpersonal nature (Burks, H.M and Stefflre, B, 1979). Throughout his lifetime, the Buddha counselled people from all walks of life through preaching Dhamma. Early Buddhist literature indicates that he had employed a wide variety of techniques in dealing with the people of different nature and with diverse problems, which can be applied at all times. His pieces of advice were life-transforming and brought everlasting solutions to mostly psychological problems of suffering. Therefore, Buddha has been introduced by two epithets; physician (*bhisakka*) and surgeon (*sallakatta*). Ovādapatikāra is one of such techniques along with other techniques such as removing defense mechanisms helping through *anuggaha* and *anusāsanāpātihāriya*, used by the Buddha.

In the early Buddhist teaching, the word counselling was referred to as advice (*ovadati),* teaches (*anusāsati*), declares (*deseti*), and these were used in the advice therapy according to the person and situation. In Ovādapatikāra, Buddha sometimes proclaimed (*ācikkhati*) certain dharmas, explained or analysed (*vivarati, vibhajati*) phenomena that occurred, or just declare (*deseti*) certain Vinaya rules. In Pāli, *patikaroti* means treatment, therefore we can understand that ***ovādapatikāra*** means treatment through advice. It has been expressed in Dutiyaovāda Sutta, that "when there are no bhikkhus who are exhorters: this is a case of decline". Buddha further said in the sutta "exhort the bhikkhus, Kassapa, give them a Dhamma talk, either I should exhort the bhikkhus, Kassapa or you should. Either I should give them a Dhamma talk or you should". *"Ovāda Kassapa bhikkhu, karohi Kassapa bhikkhūnaṃ dhammiṃ kathaṃ. Ahaṃ vā Kassapa bhikkhū ovadyeṃ, tvaṃ vā. Ahaṃ vā bhikkhūnaṃ dhammiṃ kathaṃ kareyyaṃ, tvaṃ vā" ti.*

In Kevadda Sutta, load Buddha declared that he and the monks use the miracle of teaching (*anusāsanāpātihāriya)* in order to attract more people to dhamma learnings and change their behaviours. These interventions of counselling were sometimes brief, using concise method (*saṃkhittena*) or detailed (*vitthārena*).

The main aim of this advice therapy is to correct or modify the unsuitable thoughts or behaviour of the client. Rather than only looking at the symptoms, understanding the very core of the factors or determinants of the client's problem is the approach of

Buddhist psychotherapy. Making the client aware of his or her problem is also considered a high priority. Everyone is suitable to receive such advice until attaining Arahantship. These therapeutic advances will prevent the client involved in any further misconduct and neutralise the determinants that cause the psychological problems. Dhammapada, verse 76: explains that one should follow a man of wisdom who rebukes one for one's faults, as one would follow a guide to some buried treasure. To one who follows such a wise man, it will be an advantage and not a disadvantage. If a person commits any wrong, correcting him after advising and giving him a second chance is one of the Buddhist approaches to behaviour modification.

This has been very evident in Sāmaññaphala Sutta, where the king Ajatashatru confessed that he himself had killed his own father so as to become king. The Buddha replied: "Yes, great king, a transgression overcame you in that you were so foolish, so muddle-headed, and so unskilled as to kill your father — a righteous man, a righteous king — for the sake of sovereign rulership. But because you see your transgression as such and make amends in accordance with the Dhamma, we accept your confession. For it is a cause of growth in the Dhamma and Discipline of the noble ones when, seeing a transgression as such, one makes amends in accordance with the Dhamma and exercises restraint in the future. In Ambalatthika – rahulovāda Sutta/ MN 61 Buddha's advice, "Rahul, an action with the body should be done after repeated reflection; an action by speech should be done after repeated reflection; an action by mind should be done after repeated reflection". When examining these *suttas it* can be observed that ***ovādapatikāra*** should perform with great compassion of loving-kindness towards the client. Load Buddha is referred to as the Great Compassionate One (*mahākārunika*).
Most of the individuals who have developed psychological disorders have a wrong view, distorted perception (*Viparita Saññā*), and wrong cognition. As their judgments are irrational, there is a need for restructuring their cognition. Advice therapy tries to train the body and mind of the client in order to broaden the way he looks at his or her own problems and connected contextual affairs. In Dantabhūmi Sutta (MN 125 PTS: M iii 128) such a client is compared to a wild elephant a wild horse or a wild x, so that ***ovādapatikāra*** includes taming strategies. Punnovāda Sutta (MN) is another sutta that Buddha communicate with Venerable Punna using ovādapatikāra where Punna was made aware of the dangers of living in Sunaparanta Janapada. Load Buddha's mode of explanation of a problem can be categorized in four ways.

5. Problems that ought to be solved categorically (*ekamsavyākaranīya*)
6. Problems that ought to be solved with counter-question (*patipucchāvyākaranīya*)
7. Problems that ought to be set aside (*ṭhapanīya*)
8. Problems that should be solved analytically (*vibajjavyākaranīya*) (A11, p.46)

The role of a counsellor when engaged with a drug user based on Buddhist psychology is explained in Saṃyutta Nikāya where the Buddha explained his approach to an issue.

1. I am here to exhort you (*aham ovādena*)
2. I am here to aid you (*aham anuggahena*)
3. I am here to instruct you (*aham anusāsanīyāti*) – (S iii, P.109)

From the initiation of the counselling process of gradually liberating from drug use until they achieve complete freedom, alcohol and drug users pass through several stages. The progress between each stage is determined by the extent of the positive behavioural and cognitive changes towards freedom (*vimutti*) from drugs, observed in the users. For instance, the realization that one must break free from the use of drugs is considered the first positive change and a sign of being in the first stage of freedom from alcohol tobacco, or use. Even though users may not reduce the dosage of drugs taken daily, showing interest in simple tasks such as maintaining personal cleanliness, bathing daily, and performing other day-to-day chores could also be viewed as positive signs indicating progress in the recovery process. If at some point in the recovery process, users decide to stop using alcohol or drugs is seen as a positive sign. The ideal situation of recovery is however when users reach the stage at which they are able to leave the use of alcohol or drugs completely (*Nirodha*) without any chances of relapse. In order to ensure achieving this stage of recovery, it is essential for those users who initiate the process to proceed through all the stages gradually, until they reach a state of complete freedom and liberation from the use and feel no need or craving for alcohol, tobacco, heroin or any other drug. This complete liberation is the everlasting solution for the suffering from alcohol or drugs.

In Udāyī Sutta The Buddha advised venerable Ananda on counselling with Dhamma as follows;

> It's not easy to teach Dhamma to others. You should establish these five things in yourself before teaching Dhamma to others."

Which five?

"[1] Gradual talk (*Anupubbikatham*); The Dhamma should be taught with the thought, 'I will speak step-by-step.'

"[2] Talk on sequence (*Pariyāyadassāvī kathaṃ*): The Dhamma should be taught with the thought, 'I will speak explaining the sequence [of cause & effect].'

"[3] Compassionate talk (*Anuddayataṃ paṭicca kathaṃ*): The Dhamma should be taught with the thought, 'I will speak out of compassion.'

"[4] Talk without material expectation (*Na āmisantaro kathaṃ*): The Dhamma should be taught with the thought, 'I will speak not for the purpose of material reward.'

"[5] Non-judgment (*Attānañcaparañca anupahacca kathaṃ*): The Dhamma should be

taught with the thought, 'I will speak without hurting myself or others. The counsellor should not compare himself/herself with others and praise himself/herself.

Buddha has explained the step-by-step process of teaching Dhamma as follows; “Pahārāda, just as the great ocean slopes gradually, slides gradually, inclines gradually, not abruptly like a precipice. So, too, Pahārāda, in this Dharma – Vinaya, the training is gradual, the task or the practice is gradual, and the way or the progress is gradual there is no sudden penetration of final knowledge at all. (*anupubba sikkhā, anupubba kiriya, anupubba paṭipadā*)” The Pahārāda Sutta (A 8.19). The full liberation from alcohol or drug use for a user who is entrapped to drug use due to developed attachment and craving for a substance is also a step-by-step process.

The stages that a drug user goes through during the recovery process can be described as shown below. Alcohol or drug user could be in any of these stages when initiating treatment and/or could make slow progress, being in one stage for an extended period of time. The task of those working with users is to identify which stage the users are in at a given point and to provide the motivation to progress towards the next stage by giving the necessary inputs for the desired mental and behavioural changes.

Steps towards Freedom from Drug Use

1. The drug user enjoys the ability to deceive others and the popularity and power among peers through drug use and therefore has no intention to abandon the use of drugs.

2. The drug user does not use drugs to gain power but shows no need to abandon the use.

3. The drug user feels the need to stop using drugs.

4. The drug user shows no sign of reducing the dosage of drugs but changes his/her behaviour towards maintaining personal hygiene and reduces the obstacles to performing his/her day-to-day activities.

5. The reduction in the amount of drug used at each session and the gradual progress towards becoming free.

6. The decision to stop using drugs altogether and quit drug use (temporally).

7. The stage at which the user hesitates between use and non-use, moving forward or backward in the recovery process.

8. The conscious identification and immediate correction of any drug-promoting thoughts and behaviours.

9. The reduction in the frequency of occasions on which users stumble in the process towards freedom from drug use.

10. The identification of the subtle elements/defilements that motivate individuals towards using drugs and the elimination of these defilements.

11. Complete freedom from drug use (*Nirodha*) without the chance of regression or of return to the former habit.

(Fig 10)

The Difference between Stopping Drug Use and Freedom from the Use of Drugs

Stopping an individual from using drugs is not the ultimate end of the treatment process for recovery. It is rather, the intermediate stage of the process of freeing him/her from the habit of using the drug. The treatment or counselling process should enable the user to reach a stage of liberation from all the attachment to drugs in which he/she is fully aware of the real effects of alcohol heroin or any other drug use is unpleasant, unbeneficial, and no need to clinging into drug use. Changing the user's behaviour alone, such as merely stopping the habit of using drugs, without any cognitive transformation is not enough to attain liberation from alcohol or drug use. Towards ensuring the user develops a proper and accurate realization and understanding of drug use as well as the reasons why the use should be stopped, the concentration (*samadhi*) and wisdom (*paññña*) on this unhealthy and non-productive habit have to be developed. This would result in producing everlasting solutions to the addiction problem and prevent the high risk of relapse. It is necessary for those working in counselling programmes to understand the stopping of drug use and the liberation from drug use, both of which are clearly distinct though there is no use of drugs in both situations. The difference is that in the latter situation, the drug user has been able to move away completely from the use by breaking the bond he/she had with the substance and no longer shows any attachment or craving for it. This is accomplished through the conscious decision to gradually identify and eliminate the defilements connected to the use of drugs. This results in the devaluing of drugs in the mind of the individual as all those elements that once served to give the substance its perceived value are now not

held with the same level of esteem. This results in complete abstinence from the use of drugs with no chance of a relapse into the former habit.

Freedom from drugs such as heroin or methamphetamine (ice) also means the diminishing of fear of the drug in that the former drug user would no longer feel uneasy when passing a place at which heroin or ice is sold or when encountering a friend who is still in the habit of using heroin or ice. The drug becomes to those who gain freedom from it, merely a white powder or crystal, and a chemical substance with no power to attract or induce fear and with no 'magical' properties. On the other hand, in the case of stopping the use of drugs without gaining complete freedom from it, the individual avoids drugs because of wrongly perceived notions constructed in his/her mind through the substance itself or through external influences.

For example, one may temporarily stop drug use due to:

- Influence of one's parents, spouse, or friends
- Lack of finances
- Poor health conditions
- Fear of the police or other law enforcement authorities and their actions
- Fear of losing employment
- Personal gains such as inheriting property or avoiding divorce
- Social stigma and the criticism of others

Reasons for the Inability to Free Oneself from Drugs despite Being Able to Stop Its Use

- The failure to successfully eradicate the attachment (*upādāna*) or psychological bond the user has with alcohol or drugs.
- The user continues to think highly and positively of alcohol or drug use.
- Only temporary suppressing the cravings (*tadanga pahāna*) towards alcohol or drug use.
- Insufficient awareness of the uselessness of drug use and its deceptions therefore wrong thoughts (*miccā diṭṭhi*), ignorance(*avijjā*), greed (*lobha*), conceit (*mana*), and other unwholesome application of mental factors toward alcohol and drugs are still remaining with the user.
- The users are not sufficiently transforming cognitively or immunized to withstand the social pressure that attributes value and recognition to drug

use. He has not developed enough wisdom (*paññā*) for liberation from drug use.

- Temporarily hiding the weakness towards or the fear of withdrawal from drugs.
- The feeling of emptiness after discontinuing the use of alcohol or drugs, due to strong attachment.
- Failure to change the existing learned belief that stopping the use of drugs is an impossible task and a great challenge that requires an immense amount of willpower
- Changing only, one's behaviour by distancing oneself from alcohol or drug use without making any of the necessary psychological or cognitive transformations.
- Just stopping the use of drugs due to pressure from others.
- Instability of the intention to quit drug use.
- The lack of understanding of the benefits of freedom from drugs.

The Transitory Period: Between Stopping Drug Use and Becoming Liberated from Drugs.

The decision made by users to merely abandon the use of alcohol or drugs is unstable and not permanent nature, without breaking the deep psychological bond (*upādāna*), that they have formed towards the substances. Avoiding the use of drugs without having a firm decision of liberating from drug use could easily result in users reverting to their former habit should the reasons for relapse. In other words, refraining from using alcohol or drugs due to external influences is temporary in that any weakening in these influences would consequently result in the weakening of the resolve to refrain from drug use. Stopping the habit of using heroin without forming the proper mindset to do so would not create strong willpower in the individual to abandon alcohol heroin or any other drug completely.

Refraining from using alcohol or drugs without properly gaining freedom (*Nirodha*) from the use also means that though the user is, through a learned response, able to automatically resist using drugs when it is offered casually, he/she would find it difficult to resist when urged to use is more forceful. This may result in the user gradually moving back towards the previous habit of using alcohol or drugs, motivated by the thoughts such as 'there is no harm in using it occasionally', or 'there is no harm in using it for only one day'. While drug users would easily fall prey to the prevailing attitude that 'it is difficult for those who stop using any kind of drug to continue refraining from the use', they may also use such attitudes to rationalize their return to the use of drugs.

Avoiding alcohol or drug use in a subculture that promotes the use further makes it difficult for them to resist the pressure to use.

If users are not properly guided to critically analyse the wrongly perceived ideas that alcohol heroin or other drugs helps one to forget one's problems, they may return to the habit of depending on heroin to bring relief and then face difficulty. Users whose decision to avoid heroin use is based on various factors other than the proper understanding of heroin and the awareness that this understanding alone is insufficient to become free from dependence on the substance, would not have the attitude or skills necessary to gain complete freedom from heroin and their dependence on it. In other words, as users have not developed a strong psychological immunity toward heroin, the use of the substance may once again emerge as an important part of their lives. They may once again view heroin as a substance that brings several benefits are attributes that attracted the heroin user to the first use of heroin.

Some heroin users may also stop using heroin because they, often wrongly, expect recognition, respect, and praise from others such as family members and friends. Statements such as 'He/she used heroin before but has stopped it now' draw unnecessary attention to the heroin users creating in their minds a sense of satisfaction. However, with the decrease in such attention, with the passage of time, the recognition of the heroin users would also decrease and they would enjoy less and less of the attention that they once used to. They may then use heroin as a means of drawing the attention of others towards themselves.

Those who continue to attach a certain degree of importance to drugs may occasionally use them to show others that they are still in the habit of drug use even after they have made the decision to abandon it completely. Due to the inability to identify the minor factors that continue to attract them towards drug use, these individuals who begin by using small amounts of drugs to show off their use of drugs to others may gradually revert to the daily use of the substance. This may also happen if they continue to maintain ties with those who are still deeply attached to alcohol, heroin, or drugs. Those who have not formed a steady mental resolve to avoid using heroin or other drugs may easily become the victims of schemes by which alcohol or drug use is glorified and given undue value. These are the very schemes employed by those who continue to use alcohol or drugs and may be jealous of those who have been able to free themselves from its use.

Furthermore, those who receive residential treatment at rehabilitation facilities are likely to refrain from using drugs only in places where it is not available. Within such an environment, individuals may avoid using drugs such as heroin because of the rules and regulations of the institution and because of the behaviour change expected within it. However, if they do not develop the mental changes necessary to move away from drug use completely, there is a greater chance of returning to the use once removed from the setting of the institution. Some users may, on the pretext of seeking treatment, enter these rehabilitation facilities with the intention of avoiding certain difficulties that they may face outside. Some may also see the prevention of their habit of drug use as a task

of the personnel of the institution so that a lower degree or the complete absence of supervision could result in the users returning to the use of drugs.

It is worth noting the effect of repeatedly quitting and initiating the use of alcohol heroin or any other drug use on the psychological bondage between the user and the substance. This repeated abandoning of and returning to the use of heroin or drugs may prevent, to a considerable extent, the chances of gaining complete freedom from heroin or drugs as the drug users' self-efficacy for complete freedom from drug use may be weakened. In other words, they may fall victim to the *Abstinence Violation Effect (AVE)* by which they would believe that total abstinence from drug use is impossible. Drug users may then see their return to substance use as a normal occurrence which blocks their path to recovery. It is then necessary to create a situation in which users could think critically about the nature of their bond and attachment with the drug. Users should then be guided to understand that the return to alcohol heroin or other use is due to their failure to think critically about and question their attachment to the substances.

Initiating the process toward Freedom from alcohol, heroin, or other drug use

The motivation to initiate the use of drugs and the continuation of the habit is a learned behaviour. The learning processes, namely classical conditioning, operant conditioning, emulation, and the expectations built on the existing social system, by which one learns to attach a certain value to and eventually forges a strong bond with such substances. Freeing the individual from the use of drugs entails facilitating the gradual unlearning of the beliefs and values acquired through these learning processes. This could be done as follows:

1. The present condition of the alcohol tobacco or heroin user must be continuously assessed and understood.

2. The importance of becoming free from drug use should continuously be communicated to the drug user for instilling motivation.

3. Alcohol tobacco or other drug use and related behaviors should gradually be changed with relevant interventions.

4. Analyzing the way in which the user attributed meaning and value to the drug, thereby forging a bond with it and creating the grounds for the psychological change necessary to gradually reduce and finally eradicate this bond.

5. It is also necessary to work with the family and community to whom the user belongs in order to create the necessary push and motivation towards achieving total freedom from drug use.

It is important to note that rather than in the given order, all of these steps should be carried out parallel to each other.

Characteristics that Could Be Observed in Drug Users

When working with drug users, placing the trust and completely accepting their opinions on drug use and the related behaviour could be erroneous and problematic. As their view on such substances is distorted, accepting their statements at surface value could lead to several misperceptions of alcohol cannabis heroin methamphetamine, or any other drug usage and its effects. Many newspapers and books published articles depicting inaccurate facts about alcohol, heroin, and other drugs mostly promoting such drug use. When asked how the authors came across such details, they would state that all information was obtained through direct interviews with drug users. The main reason for the effects of heroin or other drugs to be wrongly portrayed in works of literature is then the unquestioning acceptance on the part of the authors of the claims made by such drug users.

Drug users who volunteer to assist such authors may do so due to their complete ignorance of the drugs or with the expectation that they may gain some unfair advantages by providing misleading information regarding the substances. It is therefore important to check the accuracy validity and reliability of the information thus supplied and it is advised that any action be taken with a degree of caution until such accuracy validity or reliability has been confirmed. Though many drug users may possess certain characteristics, these characteristics cannot be generalized to label or stereotype all drug users and must only be treated as a set of guidelines or precautions to be used by those working with them. It is not necessary to let these characteristics become an obstacle between those providing help and those receiving it.

Some Characteristics of the Drug User

Drug users typically:

- Easily influenced and deceived by social learnings and trends that promote alcohol tobacco heroin cannabis and other drug use as a result of being unable to critically analyze these trends by themselves.
- Tend to attach a high degree of importance to drug use, seeing drugs as a substance with miraculous properties, and propagating this wrong image of alcohol and drugs to others as well.
- Strongly believe that alcohol and drugs actually possess various false characteristics attributed to them and the tendency to hold mistaken positive

outcome expectancies of alcohol and drugs based on those wrongly held beliefs.

- Constantly need assistance from an external intervener (*kalyāna mitta*) who could guide them in developing the correct view and wisdom to free them from drug use, as in most cases drug users are unable to assess the real experience and effects of drugs by themselves.
- Promote the use of alcohol or drugs to others solely because of their own addiction or ignorance.
- Are capable of developing an accurate understanding and attitude towards his drug use if willing to make an effort, with the support of a good teacher.
- Are in a constant state of suffering before, during, and after the drug use.
- Are very likely to have family problems, economic difficulties, problems regarding employment, health issues, and other social problems due to drug use.
- Have a strong craving and attachment to a drug formed on the basis of misconceptions related to the substance and its use
- Strive to build a lifestyle based on the habit of using drugs which they themselves have constructed a high level of drug dependency within their minds, and live by it.
- Although they may initiate the use of the drug for some simple reasons, with the passage of time, they fall victim to the drug use in that they believe strongly those reasons to be the ultimate truth and are trapped to drug use out of habit.
- Are shunned or looked down on by others in the community due to their habit and the related misconduct.
- The drug has become the most important part of their lives.
- Tend to have no ideas or opinions of their own and are predisposed to be influenced by social learnings and the belief system that promotes a false image of drugs
- They tend to have at least a small intention deep inside, of stopping the use of drugs and coming out of the unhealthy habit.
- They are constantly in the process of finding some false excuse or lie or are constantly finding ways of tricking and deceiving others in order to maintain their use.

- Engage in crimes to fulfill their needs and use drugs as an excuse for their misbehaviour, especially in more permissive environments.
- Find it difficult to abandon the use of drugs despite several attempts to do so.
- They are prevented from making the maximum use of their potential and from enjoying life by their habit of using drugs.
- Persistently deceive themselves with the false notion that heroin creates enjoyment and happiness
- Suffer from shame, fear, insecurity, loneliness, impatience, and are constantly plagued by the feeling that they are doing something wrong.
- They are constantly in the state of swaying between leaving and returning to the habit of using drugs and initiating it once again has become a regular pattern of their lives.
- Drug users are not doomed to be forever burdened by the weight of accumulated tendencies, but with the right guidance and through their own effort they can unlearn and cast off all these tendencies and attain a condition of complete purity and freedom from their drug use. Applying proper Dhamma therapy in the context of right understanding, a therapist can bring about radical alterations in the workings of consciousness and mold and restructure the seemingly immutable stuff of drug users' minds.

Obtaining Information regarding the Current State of Drug Users to Understand His Psychopathology

Recognizing and understanding the pathology of a psychological issue by the therapist is the primary step of any psychotherapeutic treatment. This is achieved through developing an effective communication between therapist and the client. Generally, individuals who developed a dependency on alcohol or drugs have a reason and purpose of becoming addicted although they are unaware of it. There is guidance given in early Buddhist literature and post canonical Pāli sources which shed light on having a clear vision of a holistic view regarding a mentally disturbed person such as a drug user, in order to recognize his psychopathology. Psychopathology is the factors and root causes which reason to arise mental disorders. In **Rohitassa Sutta** it is said that "I tell you that there is no making an end of suffering & stress without reaching the end of the cosmos. Yet it is just within this fathom-long body, with its perception & intellect, that I declare that there is the cosmos, the origination of the cosmos, the cessation of the cosmos, and the path of practice leading to the cessation of the cosmos." This indicates that the therapist has to introspect and go into the conceptual world of the client holistically and recognize the client from his own world. In achieving this therapist has to strongly and effectively listen

to the client and this point has been emphasized in the phrase ***sutava ariya sāvakā,*** which means one can enter into the liberation path through listening dhamma. The therapist has to concentrate and understand the client's situation just as engaged in meditation.

This psychotherapeutic process can be explained in six stages, well documented in relation to the Pāli sources, by professor Wasantha Priyadarshana:

1. ***Sutā*** or listening to the complaint of the client where the client purged about the story, ariyavamana noble catharsis
2. ***Datā*** or Therapeutic Reading in all three levels, beginning middle, and end (ādi/majje / *pariyosāna)*
3. ***Vacasāparicitā*** or verification with therapeutic understandings
4. ***Manasānupekkhitā*** or visualizing why it really occurred – the pathology
5. ***Ditthiyānusuppatividdū*** or comprehension of the illness in relation to the individual and the context.
6. **Therapy** through (a) *Sila* Behaviour modification (b) Samādhi Mental development (c) *Paññā* cognitive transformation in order to provide an everlasting solution.

In **Roga Sutta**, Buddha said "Bhikshus, there are these two kinds of diseases [illnesses]. What are the two? Disease of the body and disease of the mind (*Kāyiko ca rogo cetasiko ca rogo*)" and it is hard to find someone without mental illness until attaining Arahantship. With this, it could be understood that the very base of mental illnesses is the unwholesome mental factors (Akusala cētasika) applied in unwholesome consciousness. According to Dhamasangani and other Abhidhamma manuals, there are 14 unwholesome Cētasikas namely Moha – delusion, *Ahirika* - lack of shame, *Anottappa* - disregard for consequence, *Uddhacca* – restlessness, *Lobha* – greed, *Diṭṭhi* - wrong view, *Māna* – conceit, *Dosa* – hatred, *Issā* – envy, *Macchariya* – miserliness, *Kukkucca* – regret, *Thīna* – sloth, *Middha* – torpor, *Vicikicchā* – doubt. Unwholesome consciousness (*akusalacitta*) is consciousness accompanied by one or another of the three unwholesome roots—greed, hatred, and delusion along with other unwholesome chētasikas. Such consciousness is called unwholesome because it is mentally unhealthy, morally blameworthy, and productive of painful results including mental illnesses.

But these three roots of greed, hatred, and delusion and how it operates to develop a psychological disorder such as drug dependency cannot be identified easily. For that, the listening process is important, and sometimes noble silence could be used as a tool. In the Pali "*Ariyo tuhni bhave*" *ariyo* means noble, and *tuhni bhave* means silence. Noble silence means no talking or non-verbal communication of any kind. The therapist has to observe both the verbal and nonverbal behaviour of the client in understanding the client's disorder from a holistic point of view and through analysing how the unwholesome mental factors (cētasika) operate in unwholesome consciousness in the client's mind.

The mental proliferation process explains in *Madupindika Sutta* helps to identify the client's psychopathology and how he developed wrong perceptions, cognitions, and concepts. As discussed in previous chapters this sutta explains the pathway of developing the wrong concept e.g.; rūpa + cakkhu + cakkhu-viññāna > phassa > vedanā/vedeti > sañjānāti > vitakka > papañca and then to *papañcasaññāsaṅkhā.* Sakka-pañha Sutta explains the reverse path as papañcasaññāsaṅkhā > vitakka > chanda > piyāppiya > issā-macchariya > verā etc. By applying this process client's inner cosmos and how he developed wrong concepts and perceptions can be understood.

Clients' psychopathology could be recognized and identified in detail through distortion of perception (saññā-vipallasa) distortion of thought *(citta-vipallasa),* and distortions of view *(ditthi-vipallasa)* and they are the causes of abnormal behaviour of alcohol or drug use. The mind tends to elaborate upon perception with these thought patterns, and if our thoughts are based upon distortions of perception, then they too will be distorted. Eventually, such thought patterns can become habitual, and evolve into distortions of view *(ditthi-vipallasa).*

Another way of analysing the client's mentality through a holistic view is through *Pañca Nīvarana* (five hindrances) namely his too much attachment to sensual pleasure (*kāmacchanda*), strong anger (*vyāpāda*), mentally and psychically weak-mindedness (*tīnamidda*), tendency to be scattered and distracted of mind (*uddacca kukkucca*) and doubts and suspects everything around him (*vicikicca*). Further, these reasons for the abnormal behaviour could be understood through *Anusaya*, which means defilements that are submerged in the deep of the mind. Sangīti sutta and Yamaka (book of pairs) has mentioned seven kinds of such anusaya. They are Latent sensuous craving (*Kāmarāgānusaya)*, Latent anger (*Patighānusaya*), Latent conceit (*Mānanusaya*), Latent erroneous opinion (*Diṭṭhānusaya*), Latent skepticism (Vicikiccānusaya), Latent craving for existence (*Bhavarāgānusaya*) and Latent ignorance (*Avijjānusaya*).

A person's psychological clinging can be analysed holistically through the; Analysis of Five Aggregates (*pañcakkhanda*), Analysis of Six sense Faculties (*āyatana*), Analysis of Six sense Faculties and their objects, Analysis of Eighteen Elements (*dhātu*), Analysis of Four Nutriments (*āhāra*,) and Analysis of Dependent Co- Origination (*paṭiccasamuppāda*). Dividing the internal cosmos into its basic elements always provide clues to psychopathology. Analysing clients' Dukkha, it's Samudaya, it's Nirodha, and finding the path to that everlasting solution *dukkhanirodhagāminī paṭipadā,* based on the theory of four Noble Truths is well explained in *Dhammacakkappavattana Sutta, Mahāsatipaṭṭhāna Sutta,* and in many other Pāli sources. Vasudha Marga's explanation of different Characters of people Rāga-carita - Greedy Temperament, Dosa-carita - Hating Temperament, Moha-carita - Deluded Temperament, Saddhā-carita - Faithful Temperament, Buddhi-carita - Intelligent Temperament, Vitakka-carita - Speculative Temperament is also shed light on finding the psychopathology as well as the treatment of the client.

In initiating the process of guiding the clients to recover from their drug use, it is necessary to obtain the following details in order to understand his inner cosmos and psychopathology.

1. Personal information such as name, age, permanent address, religion, and details of the family.
2. The user's motive for entering into the recovery process i.e., whether it is because of his/her own interest, because he was forced to do so, or because he wants to escape the persecution of law enforcement authorities.
3. If the individual has previously received treatment: When the previous treatment was administered, its duration, the nature of the treatment and the methods used, and why the individual abandoned this treatment.
4. Whether or not the user is in the habit of using other substances apart from mainly used drugs such as alcohol, cigarettes, or any other drug.
5. The present method in which the individual uses drugs and the means through which he obtains those drugs.
6. The dosage or amount is taken at each session of the drug use and the frequency of these sessions.
7. The time period of the drug use.
8. The maximum time in which the individual has previously abstained from the use and how he returned to using the substance.
9. The maximum time period of abstinence from drug use during the past six months, how the drug use was initiated during this time, and how it was stopped.
10. Procedures previously used to stop the use of drugs. Reasons for restarting the drug use.
11. The user's present lifestyle and behaviour patterns related to drug use.
12. The individual's living environment and surroundings
13. Whether the individual is currently employed and if so, whether the drug use affects his day-to-day work
14. Problems occurring within the individual's family due to his use of drugs.
15. Details regarding the criminal record problems the individual may have had with law enforcement authorities and terms served in prison.
16. Any other physiological or medical problems suffered by the individual (apart from the direct effects of drug use such as withdrawal discomfort).

17. The lifestyle, family, and socioeconomic background of the individual.
18. The way in which the individual got to know about or was introduced to drug use.
19. The social patterns revolving around the use of drugs that the individual is a part of, for instance, who he spends most of his time with, with whom he uses drugs, and how his/her social networks changed with the use of drugs.
20. Details regarding the environment in which drugs are used, for example, whether there is a particular environment in which the individual feels more inclined to use drugs, how he obtains money for purchasing the substances, and whether there is a particular time of the day in which the drug is used, and the factors that motivate the individual to use drugs.
21. The attitudes and beliefs (expectations) of the individual towards alcohol, tobacco, heroin, and other drugs.
22. How the individual sees and feels the use of drugs.
23. Details regarding any significant incidents faced by the individual.
24. The skills and capabilities employed by the individual when stopping his use of drugs on previous occasions
25. The extent to which the environment motivates the individual to stop drug use.
26. The reasons behind the user's decision to continue using drugs.
27. The extent to which the user is attached to substance and to which he gives it importance

The Importance of Motivating the Drug User to Move towards Change

Throughout the recovery process, drug users may have several expectations concerning the therapist (*kalyāna mitta*) involved in helping them to overcome their drug use. It is necessary for therapists to understand the extent of their responsibility and the users receiving help should understand the limits of the services of the therapist. It is also important for both the therapist and the user to maintain a certain distance from each other in order to ensure the complete success of the procedure. Both parties must accept that performing a miracle is beyond the capacity of the therapist. For example, some of the expectations that drug users may have are to be instantly cured of their use of drugs, to gain any form of relief immediately, to be able to instantly regain all that was lost due to drug use, or at least a temporary but immediate change for the better. The users must, at the very outset, be made to understand that the responsibility of making any progress in the journey towards freedom lies on them rather than on the therapist.

Dhammapada Verse 160;

Atta hi attano natho - ko hi natho paro siya
attana hi sudantena - natham labhati dullabham.

One indeed is one's own refuge; how can others be a refuge to one? With oneself thoroughly tamed, one can attain a refuge (i.e., Arahatta Phala), which is so difficult to attain.

The initiation of the recovery process towards total freedom from the drug is then ultimately not the result of just listening to Dhamma Therapy but of the decision made by the drug users themselves after being motivated and guided towards reaching such a decision. Recovery is a process for the client. The therapist can motivate and show the path to liberation from drug use and recovery.

In Ganaka moggallana Sutta, a brahmin Ganaka Moggallana approached the Buddha to ask about the gradual training, gradual practice, and gradual progress in the Dhamma and Discipline. Buddha taught him morality by taking precepts, guarding the doors of sense faculties, being mindful and fully aware, meditation, and abandoning the five hindrances and destruction of taints.

Then Brahmin Ganaka Moggallana asked Buddha why after showing people the path, some manage to attain Nibbana but others did not. After Buddha gave a simile to a man asking the directions to Rajagaha, Buddha replied: "So too, brahmin, Nibbana exists and the path leading to Nibbana exists and I am present as the guide. Yet when my disciples have been thus advised and instructed by me, some of them attain Nibbana, the ultimate goal, and some do not attain it. What can I do about that, brahmin? The Tathagata is one who shows the way." Just like that a counsellor or therapist could show the path using Dhamma therapy to liberation from alcohol and drugs. But the drug user has to move along that path, step by step until gets free from his drug use.

Initiating the Recovery Process

It is very important to bear in mind that the process of recovery is not something that is done for the drug user but rather, something that is done with the drug user. In other words, the user is not a passive recipient of treatment but rather, functions as a *co-therapist*. The therapist should not work as an expert but should motivate the users and create within them the ability to work with their own expertise. The speed of the recovery process and the progress made are not in the hands of the therapist but are determined by the users receiving treatment who should also be willing to face the challenges and accept the responsibility of this process. Therapists should not label or stereotype the drug users and rather give advice, they must open up pathways for progress and guide, motivate, and create the correct atmosphere for the users to move towards those pathways. In order to do this, the therapist should:

1. Accept the drug users unconditionally with *mettā, karuna, muditā* and *upekkhā*.

2. Understand, and show that they understand, the feelings, worries, and pain of the drug users.

3. Provide clear and definite reactions and feedback to the users on the behaviour of users, their personal developments, and their intentions

4. Create openings necessary for the progress towards recovery

Understand that it is possible that throughout the recovery process a user could move forward or backward in that the recovery process may not always be a steady journey towards the end goal which is total freedom from alcohol or other drugs. The progress of the user may fluctuate several times during the recovery process and it is the therapist's task to ensure that he/she is able to face this fluctuation and persist in his/her efforts to gain freedom from drug use.

5. Maintain a close relationship with the users

6. Listen to the users openly, maintaining a neutral stance, without any prejudices.

There may be several levels at which users may be prepared to give up the use of drugs. It is therefore the task of the therapist to continuously encourage users to prepare themselves to give up the use of all kinds of addictive substances completely. This is important in creating the proper mindset within the users that would facilitate the proper implementation and success of the treatment. How quickly users receive treatment is determined by the speed at which they are able to prepare themselves to receive the treatment. This could differ from person to person. It is essential that once users make up their minds to receive treatment, treatment is sought as soon as possible. This is because any delay in doing so could result in users changing their minds about receiving treatment. Having to travel a long distance to the treatment centre could also be discouraging to users when seeking treatment. For this reason, and to provide more effective treatment outreach services have been established in many areas. Higher rates of success could be maintained if these services are freely available and are easily accessible to the users. Every Buddhist temple, monastery, meditation centre, or Buddhist department in a university or community centre should be a place initiating prevention and treatment to end suffering from alcohol and other drug use.

The degree of motivation and encouragement received from therapists, family members, friends, temple or *vihārā,* and neighbours as well as the user's own need to stop drug use may together, serve as determining factors influencing the extent to which the user is prepared to give up using drugs. Therefore, the therapist must obtain the support and involvement of the family, friends, and neighbours when working with the users. Apart from this, therapists must continuously motivate users to free themselves from the use

of alcohol tobacco, cannabis, heroin, or other drugs to prevent them from losing interest or becoming less active in the recovery process. If the users have, up to the point of receiving help, never devoted much time to thinking deeply about their use of drugs, the opportunity to do so should be provided. Self-efficacy should be developed in the users by encouraging them to identify their strengths and by drawing attention to their past victories, showing them that they are fully capable of building strong willpower within themselves in order to meet the challenge of overcoming their use of heroin.

Users should be reencouraged through the process of recovery in order to ensure that they remain with the recovery programme. This is because, as mentioned earlier, they could either make progress or revert to a previous stage throughout the recovery process. Persistent reversion could reduce the users' enthusiasm toward the programme and they may gradually drop out. Continuously providing encouragement could enable users to understand and prevent the negative effects of reversion or relapse and its consequences. For instance, they should be shown that increasing the dosage of drugs for a few days after stopping it is not a reason for them to give up the effort they put into the process of recovery or to give up on the entire process itself. More often than not, those who leave the recovery programme after being unsuccessful at their first attempt, and return to it afterward tend to lose confidence in it and are less motivated to continue. A proper approach must therefore be employed when encouraging and motivating these returnees. Gradual talk is the preparedness of the mind of the counselee for the treatment process. Buddhist psychology explains progressive talk (*Anupubbikatham*) as a technique for addressing the counselee who is with strong defilements in order to calm down them. A person, with low intelligence and more defilement, needs to go through the gradual process so that he could understand the conversation easily. In the procedure of gradual talk, the counsellor could talk about generosity, compassion, eight worldly conditions, morality, etc. According to David J. Kalupahana, by this method of instruction, the counselee can lead towards psychological balance, "This is often achieved by indicating the possibility of attaining freedom and happiness through the gradual path of mental culture toward psychological balance that begins with the cultivation of simple virtues such as sympathy, generosity, charity, etc."

Though users often tend to name external factors such as family problems and economic difficulties when asked what led them to use drugs, they must be encouraged to understand that leaving the use of drugs is well within their ability and that they are fully capable of practicing self-control and of preventing themselves from returning to their former habits. Therapists must bear in mind that if they, the ones who provide help exert too much pressure on those who receive it the latter could break away from the treatment completely. It must also be borne in mind that however much the therapist is enthusiastic about providing help, users would only change at their own pace. In this sense, therapists and other individuals engaged in the helping process may be at risk of having unrealistically high expectations that the progress of the drug users they work with would be quick. As a result of these expectations, when the users show slow progress, not meeting the expected standard of recovery at a given point, therapists may develop

strong feelings of disappointment, falling victim to negative attitudes such as ‘we are not capable enough’ and ‘No matter what we do, we cannot produce any results. Such attitudes may have a serious impact on the therapists, damaging their ability to provide help. Therapists must therefore work at the same pace as the users and not treat any delays in progress as a result of their own shortcomings.

The help given by the therapist should be proportionate to the extent to which the recipients of the help, i.e., the users, are willing to open up and cooperate. While progress should be presented as a challenge to the users, they should be given full credit for the progress made. If the therapist tries to take all credit for such progress, it would be an obstacle in the user’s journey towards freedom. Therefore, the therapist should be careful to avoid taking advantage of their relationship with the users, in that they should avoid claiming credit for the progress of the latter in order to develop their own image. If this occurs, there is the possibility that the therapist assumes the role of a dictator with whom the user is in constant opposition.

A similar risk is that therapists may develop and project the view that they are specialists able to provide answers to all questions and solutions to all problems. This could result in a decline in confidence among users toward the therapist. It is important to bear in mind that what users require is not orders but guidance and motivation. They require a means to open new pathways towards progress that would enable them to control their own feelings and reduce their vulnerability to external influences that cause discomfort or put them in difficult situations.

Throughout the progress towards freedom, drug users can be categorized into several main stages:

1. Those who show no desire to abandon using drugs but continue to deceive others such as their peers and family and enjoy the popularity among their peers and the position of power within the community

2. Those who have just entered the recovery programme to abandoning their use of drugs.

3. Those who are making steady progress in their journey towards total freedom from drug use

4. Those who make steady progress but are stuck at a particular stage in the journey towards freedom from the substance they got addicted to.

5. Those who make irregular progress in the recovery process in that they move forward, stop and resume the process, often making mistakes, correcting them, and gradually reducing the frequency of these mistakes

6. Those who have gained total freedom never to return to the use of any kinds of drugs including alcohol.

While the therapist should continuously give users adequate guidance and encouragement at each of these stages, there may be some users who could, with the advancement of their views on drugs, make progress based on self-motivation. The environment necessary to enable users to reach this stage could be created by the therapist within the recovery programme itself. The following are steps that could be followed by the therapist in motivating users in various stages of drug use to abandon their use of the substance and gain total freedom from it.

Steps That Could Be Taken by Therapists When Working with Users Who Have No Intention of Stopping the Use of Drugs

In working with drug users of the above category, therapists could:

- Question the users as to whether they actually enjoy their position (as reputed drug users) in society.
- Show them that contrary to the expectation that drugs increase power and physical strength, they would in fact be stronger and more powerful without the use of drugs and that using them would not in any way enable them to enjoy life more or have more power in society. Lead them to understand exactly how much they could do and achieve in the state of increased strength and power they could gain once they have gained total freedom from drugs.
- Guide them to remember the moments of happiness, the important occasions in their lives, and the amount of power they held before they began the drug use.
- Direct them to reflect on the ways in which alcohol or drug use has limited their freedom and affected their behaviour.
- Show them that they live in a constant state of fear and suspicion due to their use of drugs.
- Point out to them that using drugs does not make them more powerful but rather, that it makes them weak and gullible enough to be deceived by the image of the substance and those who promote it.
- Show them that by using drugs, they have resigned themselves to be no more than puppets of the drug racket and its racketeers.
- Guide the users to assess themselves on their own and decide whether they are, in reality, happy with their lives
- Make users aware that by using drugs, rather than enjoying any position of power or prestige, they actually become unpleasant to others. This

could be done by drawing a comparison between themselves to others of the same age who do not use drugs.

- Show them instances in which others belonging to their same age group enjoy themselves without the use of alcohol or drugs. Through this, users could be led to understand that they are unable to enjoy themselves self in the same way as a result of falling victim to drug use.

- Make users aware of the ways in which their use of drugs weakens their bodies and enslaves their minds as well as of the uncertainty of their future and the difficulties that they would have to face during any contact with law enforcement authorities.

- Show them that using drugs such as heroin or ice only undermines their capabilities and that they are likely to face social ridicule and contempt because of it.

- Make users understand that their use of drugs becomes a problem only for themselves and family members.

- Show users how alcohol tobacco or drug use causes mental strain and that abandoning the use of such substances could save them from that strain. Arrange for them to observe others who lead happy lives without using drugs.

- Point out to the users all the possible disadvantages that they may face due to their drug use.

- Help users to make progress by enabling them to understand that drug use is an act of those who are weak and who have been deceived.

- Get the involvement of the parents, wives, other family members, friends, and neighbours of the user to decrease the pardoning and permissiveness towards drug use behaviours.

- Provide the necessary knowledge regarding drugs to the family members and friends of the drug users so that they would know not to view drugs as powerful and understand how they could make a difference in the lives of the users.

- Make the entire community aware that the drug users' actions and insolent behaviour when under the influence of such drugs are nothing more than an act to deceive others.

- Build an atmosphere in which the drug users are viewed as weak and deceived by those around them. This can be done by showing that the fear evoked by the behaviour of the user is no more than a false pretence.

- Show users the extent of the damage they would do to themselves should they continue the use of drugs for the next five years.
- Point out to the users, the instability of life as a result of hesitation between using and not using drugs over an extended period of time.

Steps for Motivating Those Who Enter the Recovery Programme to stop Drug Use

When working with users who enter the recovery programme genuinely intending to abandon the use of the substance, the therapist should:

- Ensure that users gain a thorough understanding of the course of treatment and obtain their consent and commitment before beginning the treatment.
- Begin by developing a cordial working relationship with the users by obtaining a few details about the latter and being open to their ideas and attitudes that may surface during the conversation.
- Listen to the ideas of the users and identify their likes and preferences.
- Help users to understand that their use is something that could be overcome, and that total freedom from alcohol or drug is possible. Improve their self-efficacy.
- Create the need and enthusiasm within the users to make progress in the recovery process and help them to maintain the hope that they would make such progress.
- Show users, using scenarios that they are familiar with as examples, that after developing the necessary positive mindset, stopping the use of drugs would be easy.
- Complement and express happiness when drug users announce their interest in or their decision to stop their use of drugs and show them that their interest/decision to do so is indeed valued.
- Guide the users towards understanding that the power to break free from drug use lies completely within them. Strengthen this awareness to form the basis for their complete recovery from drug use. Improve their self-confidence.
- Make users understand that the progress towards freedom from their use of drugs does not depend on external motivation but rather, on internal motivation or motivation that comes from within the users themselves.

- Support the users in estimating the advantages and disadvantages resulting from their use of drugs. Help them to reach an understanding of the relief and ease they would feel once they stop using the substance.
- Engage them in a conversation about those who have left the use of drugs and those who are still in it.
- Look for ways in which the drug users could get external support from others such as family members, friends, and neighbours, and discuss with them how they could lend their assistance in the recovery process.
- Ensure that the users agree that they are responsible for their own progress towards abandoning the use of drugs such as alcohol heroin or cannabis and gaining total freedom from them.
- Establish practical methods by which the users could stop using drugs, becoming completely free from their attachment to the substance and their habit of using it regularly.
- Open the minds of the users to other possible reasons for which they could abandon the use of drugs.
- Discuss with the users, other problems they may have that are connected to their use of drugs and draw up a plan for the solutions to these problems.
- Show the users that the process of stopping the use of alcohol or drugs and gaining freedom from them is enjoyable as well as challenging.
- Prepare the users with a prior understanding of the obstacles they may encounter until they have fully developed the proper mindset for recovery and discuss how they could face and overcome these obstacles.
- Ensure that the users understand that by completing the tasks assigned to them, they could measure their own progress or that their progress could be measured by the completion of these tasks.
- Arrange an interactive discussion inviting former drug users to share their experiences on gaining freedom from the use of drugs. Ensure that they reveal the truth about drugs and their recovery.
- Understand the differences in results achieved among drug users regarding how each of them sees and understands the difference between stopping the use of drugs and gaining freedom from it.

- If the heroin cannabis or methamphetamine users also smoke cigarettes or drink alcohol as a habit, make them understand the importance of abandoning the use of alcohol or tobacco as well.
- Ensure that they understand that they will be responsive and reactive to the continuous help and support from the therapist throughout their journey towards recovery.
- Guide users to understand that they can create the desired changes within themselves, and they have the potential to do so.
- Guide users towards a stable mindset essential for abandoning the use of drugs.
- Make users aware of what they have lost in life due to their use of drugs and of the losses they may face in the future should they continue to use the alcohol tobacco or substance, for instance, various social, economic, and health problems as well as problems in seeking employment and issues that affect overall happiness.
- Provide users with the opportunity to observe the lives of their friends and others who do not use drugs.
- Inquire users about how they were viewed by society before and after they initiated the use of drugs and guide them towards the correct understanding of these views.
- Develop further, the motivation desire, and need within the drug users to abandon their use.
- Correct their negative outlook on life and help them to develop a more positive outlook instead.
- Lead them towards a self-evaluation on their use of heroin.
- Provide guidance and assistance to enable users to set new goals in their lives.
- Conduct a practical discussion through which users could be made aware that their use of alcohol heroin cannabis or other drug is the main cause of most of the problems in their lives and of how these problems could be remedied by abandoning drug use.
- Arrange for users to observe the experiences of those who have stopped using drugs.
- Help users to correct the weaknesses in their personalities.

- Guide users to calculate the financial losses faced during the period in which they used drugs.
- Guide them towards reaching an understanding of the problems and injustices faced by their families and those closest to them because of their use of drugs.
- Show users that they are in fact useful members of society by bringing to their attention several points that confirm this. Discuss the points with them in-depth.

From Abandonment to Total Freedom:

A Few Steps in Assisting Early Users Who Have Given up Alcohol or Drug Use to Progress Towards Total Freedom

In facilitating the effective progress of ex-drug users who are in between stopping the use of the substance and achieving total freedom from it, the therapist should:

- Make the former users aware of the victories they have achieved throughout the process of recovery up to the present.
- Motivate them to celebrate the above victories.
- Discuss with ex-users the fact that they have now moved beyond the stage in which they considered drug use to be a compulsory part of their lives.
- Make ex-users aware of their achievements in terms of physical, psychological, and social development since they began the process of recovery.
- Strengthen the ex-users mentally by discussing with them their previous state of helplessness and discomfort when using drugs and the state of awakening and happiness they could progress to after becoming free from drug use.
- Establish positive expectations in the minds of the ex-users, regarding the state of freedom they could achieve.
- Explain how completing various activities that lead to personal development in the ex-users and facilitate this development.
- Reinforce the decisions and efforts made by the ex-users towards completing these activities by praising and appreciating their decisions and efforts. Discuss the advancement they made, with them.
- Enable ex-users to see their own advancement through the discussion of their progress with their family members and others.

- Ensure that ex-users are able to monitor their own advancements in their day-to-day lives, for example, by getting them to note on paper the details such as the reduction in the dosage of drugs, the reduction in the number of times they use drugs daily, and the allocation of time for other activities.

- Make the ex-users aware that they possess a strong personality and that they are able to face challenges.

- Motivate the ex-users to reflect on the time when they used to consume drugs and to think about whether or not they were able to achieve anything during this time.

- Arrange for the family members of ex-users and others close to them to hear about their advancements throughout their recovery process.

- Guide the ex-users towards making and maintaining the stable decision to abandon the use of heroin and become free from the use, leaving no possibility for return.

- Facilitate the development of the ex-users self-esteem in a way that they maintain a healthy level of self-confidence without underestimating or overestimating their abilities.

- Help the ex-users to reach a stage at which they are able to look at their lives from a neutral point of view and are able to treat both, the happy and sad occasions objectively, without becoming too emotionally involved.

- If and when the ex-users feel a lack of motivation to persevere in the recovery process, encourage them by bringing to their attention, their previous victories and achievements.

- If and when the ex-users become suspicious of the recovery process or lose confidence, bring to their attention the occasions on which they were able to face and overcome such situations in the past.

- Constantly remind the ex-users that they have mastered the ability to become free from drug use.

- Make the ex-users aware that they must be consistent in their progress towards recovery and provide them with the necessary motivation to do so.

- Show the ex-users that they must continue their progress towards complete freedom and not allow the occasional setbacks in the process to affect them.

- Help the ex-users to develop an accurate vision on stopping the use of drugs and gaining complete freedom from it.

- Develop within the users, the enthusiasm and dedication to constantly make the cognitive and behavioural changes necessary for achieving freedom.

Facilitating Behavioural Changes through Virtue (Sīla) 10

The therapeutic approach of sīla

At Savatthi, the brahman Jata Bharadvaja came to see the Buddha and, on arrival, exchanged courteous greetings with him. After this exchange of friendly greetings and courtesies, he sat to one side and asked the following question;

Anto jaṭā bahi jaṭā - jaṭāya jaṭitā pajā

Taṁ taṁ gotama pucchāmi - ko imaṁ vijaṭaye jaṭan'ti

The inner tangle and the outer tangle— beings are entangled in a tangle.

And so, I ask Gotama this question: Who succeeds in disentangling this tangle?

This stanza very well explains the pitiful situation of an individual who has developed alcohol or drug dependency. Tangle is a term for the network of craving towards alcohol or drugs of a drug user so that he has great difficulty in coming out of the use and encountering a great deal of health economic and social problems and suffering from that drug use. Alcohol and drug users are entangled, intertwined, and interlaced by drug-related problems. In answering the question, the Buddha shows the path to purification or liberation from the problems in the following stanza;

Sīle patiṭṭhāya naro sapañño - cittaṁ paññañ ca bhāvayaṁ,

ātāpī nipako bhikkhu - so imaṁ vijaṭaye jaṭan'ti

"When a wise man, established well in virtue, Develops consciousness and understanding (insight),

Then as a bhikkhu ardent and sagacious, He succeeds in disentangling this tangle

According to the words of the Buddha to solve the puzzle of suffering an intelligent individual first has to establish well in virtue, cultivate the mind and develop *samadhi* and finally develop the wisdom (*paññña*). The same process could be applied to end suffering from alcohol and drugs. The human mind is so programmed for unwholesome tendencies and selfish clinging recorded so strongly, to eradicate the sources of affliction and nurture the ideas of liberation Buddhist psychology introduces the threefold training, that is gradual training gradual practice and gradual attainment.

In Kimatta Sutta of Aṅguttara Nikāya (AN10.1) the Buddha explained how virtue leads to final liberation in a gradual process.

"Thus, in this way, Ananda, skillful virtues (*kusalāni sīlāni*) have freedom from remorse (*avippaṭisārō*) as their purpose, freedom from remorse as their reward. Freedom from remorse has joy (*pāmojjaṃ*) as its purpose, and joy as its reward. Joy has rapture (*pīti*) as its purpose, and

rapture as its reward. Rapture has serenity (*passaddhi*) as its purpose, and serenity as its reward. Serenity has pleasure (*sukhaṃ*) as its purpose, and pleasure as its reward. Pleasure has concentration (*samādhi*) as its purpose, and concentration as its reward. Concentration has knowledge & vision of things (*yathābhūtañāṇadassanaṃ*) as they are as its purpose, knowledge & vision of things as they are as its reward. Knowledge & vision of things as they are having detachment (*nibbidāvirāgo*) as its purpose, detachment as its reward. Detachment has knowledge & vision of release (*vimuttiñāṇadassanaṃ*) as its purpose, knowledge & vision of release as its reward.

In the Bhaddāli Sutta too, the Buddha points to the gradual nature of the ethical training a person should undergo for perfect ethical transformation comparing the whole process to the training of a thoroughbred horse. The Niddesa, a later text in the canonical tradition, reemphasizes the role of sīla saying that it is the foundation, the initial practice, self-control and restraint, the first, the foremost among wholesome phenomena (*sīlam patitthā ādicaranam samyamo samvaro mukham pamukham kusalānam dhammā nam*).

The path to liberation from any psychological problem or disorder begins with morality, virtue, or **sīla,** the behavioural modification aspect of the problem and transforming the behaviour to an expected level. Sīla is the precondition for a successful liberation. If the roots of virtue are weak, contemplation and concentration for liberation will likewise be weak. Establishing and fulfilling the virtue in relation to unwholesome behaviour patterns of the problem and transforming the unwholesome and negative behaviour to wholesome and positive behaviours is relatively less complicated than cognitive transformation and the gradual process towards recovery always could begin with sīla with much less resistance. Virtue can be divided into two *Viramana* or restraining and *Samādāna* or social contribution.

When thinking about alcohol or drug use disorder, there are certain bodily and verbal behavioural patterns and basic thinking patterns that will further aggravate the problem. If the therapist can help the client to prevent occurring such negative behaviour bodily verbal or thinking, it will ease the client's trading on the path to recovery. That can be called *Viramana* or restraining sīla. On the other hand, there are certain bodily and verbal behaviours and some simple thinking patterns that one engages in those will help to solve the problems. The therapist or counsellor should encourage and make plans for the client to engage in such positive behaviours and thinking and that is called *Samādāna* sīla. This helps the client to refrain from bad and protect the good and cultivate a healthy mental attitude.

Let's take another example, a person who is addicted to heroin who is treated in the community setting where he is living and how could reduce his drug-taking (unwholesome behaviour) through sīla therapy. Through sīla, his heroin used lifestyle has to be changed. Probably he may have addicted to the drug-using lifestyle than the drugs.

They would typically wake up late in the morning because of the after-effects of the heroin they used the previous night and spend the rest of the morning looking for ways in which they could raise the necessary money to buy more heroin. Having found the money they need, they would spend the rest of the day looking for a means of obtaining heroin (which may on some days be a very difficult task), the equipment to use the heroin, and an isolated place to use it. Then comes the process of getting together as a group and sharing the heroin among themselves. While this

is in itself, a time-consuming process, more time is spent recuperating from the drowsiness and other effects that heroin causes. In this way, heroin occupies a central part of the users' lives, especially those who reach the more advanced stages of dependence in which they perceive heroin as the main cause of their existence. Through the Sila approach, this lifestyle has to be changed through a strict code of behaviour. Some interventions could be as follows;

1. Improve their appearances by maintaining personal hygiene, shaving or trimming beards, having a haircut, etc.

2. Postpone or change the time at which drug is used on a particular day.

3. Reduce the quantity or dosage of drugs, use in one session, gradually.

4. Reduce the number of daily sessions by which the drug is used.

5. Change the routes along which they travel. This is especially if there are places at which drugs are sold along their usual routes.

6. Avoid the habits that lead to heroin use by changes such as waking up early, staying at home continuously for many days, avoiding friends who use heroin and other drugs, cutting off all the ties with peer groups that use heroin, and not meeting these groups

7 Engaging in worshiping Buddha, morning and evening in a given time.

8. Visiting the temple with family members every Sunday

As mentioned in Rahulovāda Sutta (MN 61), clients should be trained to observe their bodily and verbal actions. Once they have developed their observation, they should be trained to identify whether those actions lead to self-afflictions or affliction of others. Then they will be able to identify whether any bodily or verbal action or thought is wholesome or unwholesome. The development of these reflections improves his moral standards and virtue. The therapist should train the clients to guard their sense faculties towards external triggers and stimulations which lead to their psychological problems. When someone is confident in his sila, this moral emotion turns into a healing power that could resolve the psychological problem.

Further, the therapist can look at virtue as explained in *Paṭsambbhidhāmagga*

1. virtue as volition – controlling through intentions.
2. virtue as consciousness-concomitant – Controlling arising other unwholesome cētasika
3. virtue as a restraint – Controlling through suppression (*tadanga prahāna*)
4. virtue as non-transgression – controlling as a personal policy, individual decision, or policy of the group.

By applying this Sīla, firstly through practice, the client will develop non-judgemental observation, moral reasoning, moral judgment, and moral behaviour, about his/her psychological problem. This will help to break the bond (temporary) on problematic attachments which created the disorder. Through practice, the client learns to guard the sense faculty which limits the client's exposure to risk factors. Cultivation of moral emotion and moral self eventually changes the functioning of the brain and psycho-somatic functioning for better social protection. This client's

unwholesome behaviour patterns transform into wholesome ones, creating a temporary recovery that should be developed further into an everlasting solution through *Samadhi* and *Paññā*.

The habit of using alcohol heroin or other drugs is a learned behaviour and is the result of wrongly learned beliefs and misperceptions. It must, however, be borne in mind that not all those who have developed such misperceptions are drug users. Even though these misperceptions and inaccurate beliefs add value to drugs and cast it in a positive light, it is only with the regular use of drugs that a strong bond is established between the user and the substance. Similarly, if the alcohol tobacco heroin or other drugs user does not give too much importance to the substance use, he/she would find it considerably easier to stop using heroin.

The reason for users to continue using drugs is not the substance alone. Rather, it is because they have become accustomed to the lifestyle of using such drugs. Therefore, by changing this lifestyle, it is possible to minimize the use of drug use as well. This could be done by guiding the users to learn a new and more favourable lifestyle through their existing lifestyle involving drug use. For example, by guiding users to recognize the physical discomfort and other problems they experience in the existing lifestyle and repeatedly pairing these discomforts and problems with the ease of the new one, it could be expected that they would begin to see the use of heroin as an unpleasant experience. In other words, just as individuals learn to perceive heroin use positively through the process of conditioning, the same process can also be used to teach them positive behaviour.

A Few Steps for Bringing About the Desired Behavioural Changes

In facilitating drug users to gradually change their behaviour, the therapist may encourage users to purify both their conduct and moral ideals in character or inner mind. A purified mind has an impact on the conduct and good conduct also helped to cultivate the mind. The therapist should pay attention to this delicate interrelationship ensuring both sides are developed simultaneously. Both sides are bridged through volition (*cētanā*). Buddha declared *Cētanāhaṁ bhikkhave kammaṅ vadāmi, cētayitvā kammaṅ karōti kāyena vācāya manasà,* (An.-6.2.1.9-Nibbedhika sutta) -"It is volition, bhikkhus, that I call action. For having willed, one acts as body, speech, or mind." The therapist's task is to change the drug users' unwholesome volition to wholesome volition by developing non-greed (*alobha*), non-hatred (*adosa*), and non-delusion. Regarding this reciprocity Bhikkhu Bodhi in his article Nourishing the Roots, mentioned as follows

> "The first step on this path is the purification of character, and the efficient means for the restructuring of character the Buddha provides in the observance of *sila* as a set of precepts regulating bodily and verbal conduct. *Sila* as moral discipline, in other words, becomes the means for inducing *sila* as a moral virtue. The effectiveness of this measure stems from the reciprocal interlocking of the internal and external spheres of experience already referred to. Because the inner and outer domains are mutually implicated, the one can become the means for producing deep and lasting changes in the other. Just as a state of mind expresses itself outwardly in an action — in deed or speech — so the avoidance and performance of certain actions can recoil upon the mind and alter the basic disposition of the mental life. If mental states dominated by greed and hatred can engender deeds of killing, stealing, lying, etc., then the abstinence on principle from killing, stealing, and lying can engender a mental

> disposition towards kindliness, contentment, honesty, and truthfulness. Thus, although *sila* as moral purity may not be the starting point of spiritual training, conformity to righteous standards of conduct can make it an attainable end".

The therapist may intervene with the drug users to;

- Minimize the problems they face in their day-to-day lives with themselves, with their family, and in their workplaces. Discuss with them the facts in Sigālovāda Sutta, Mangala Sutta, and some other Suttas explaining good moral conduct. Sīla brings about a clear conscience in a person leading to an inner sense of happiness resulting from the conviction that one does no wrong (*ajjhattam anavajjasukham patisamvedeti*).
- Postpone or change the times at which drug is used on a particular day. When a thought comes to engaging in the use of drugs, the user could be asked to counteract it with a stronger thought such as "no I am not using it now, I control my senses and desire and postpone it". By practicing this the user gradually learns to control the desire and develop virtue. The conscious and deliberate exercise of restraining drug use gradually weakens the unwholesome tendencies and produces a preliminary stage of calmness of body and mind that facilitates a deeper engagement with the deep-rooted psychological sources that promote drug use and neutralized the effects.
- Reduce the amount or quantity of alcohol or drugs used at each session. At the initial stage alcohol users can contemplate that "although the alcohol is available no need of emptying the bottle", or smokers can develop the habit of only smoking half of the cigarette and throwing the rest away considering their health. They can gradually decrease the amounts of use to a significant level.

In achieving the above two points according to the Buddhist psychology, controlling of sense organs including the mind *(mano*), objects reaching the sense organs, consciousness created through sense organs, contact occurring at the sense organs, and feeling, about alcohol tobacco heroin cannabis or any other drug could be considered as the development of virtue. In Anathapindikovada Sutta instructions given to Anathapindika by venerable Sāriputta to establish virtue was as follows;

> [Ven. Sāriputta:] "Then, householder, you should train yourself in this way: 'I won't cling to the eye; my consciousness will not be dependent on the eye.' That's how you should train yourself. 'I won't cling to the ear... nose... tongue... body; my consciousness will not be dependent on the body.' ... 'I won't cling to the intellect; my consciousness will not be dependent on the intellect.' That's how you should train yourself.
>
> "Then, householder, you should train yourself in this way: 'I won't cling to forms... sounds... smells... tastes... tactile sensations; my consciousness will not be dependent on tactile sensations.' ... 'I won't cling to ideas; my consciousness will not be dependent on ideas.' That's how you should train yourself.

"Then, householder, you should train yourself in this way: 'I won't cling to eye-consciousness... ear-consciousness... nose-consciousness... tongue-consciousness... body-consciousness; my consciousness will not be dependent on body-consciousness.' ... 'I won't cling to intellect-consciousness; my consciousness will not be dependent on intellect-consciousness.' That's how you should train yourself.

"Then, householder, you should train yourself in this way: 'I won't cling to contact at the eye... contact at the ear... contact at the nose... contact at the tongue... contact at the body; my consciousness will not be dependent on contact at the body.' ... 'I won't cling to contact at the intellect; my consciousness will not be dependent on contact at the intellect.' That's how you should train yourself.

"Then, householder, you should train yourself in this way: 'I won't cling to feeling born of contact at the eye... feeling born of contact at the ear... feeling born of contact at the nose... feeling born of contact at the tongue... feeling born of contact at the body; my consciousness will not be dependent on feeling born of contact at the body.' ... 'I won't cling to feeling born of contact at the intellect; my consciousness will not be dependent on feeling born of contact at the intellect.' That's how you should train yourself……

"Then, householder, you should train yourself in this way: 'I won't cling to what is seen, heard, sensed, cognized, attained, sought after, pondered by the intellect; my consciousness will not be dependent on that.' That's how you should train yourself."

- Reduce the number of daily sessions at which alcohol, heroin, or any other drug is used, for example:
  - Changing their surroundings occasionally and comparing how they feel in different environments
  - Making a plan or a timetable for each day and noting the advances made daily as a result of working according to the plan/timetable
  - Increasing the amount of time spent at home. Engage in household duties as a father husband or son specially mentioned in Sigālovāda sutta.
  - Decreasing the amount of time spent with peers who use alcohol or other drugs.
- Improve their physical appearance by maintaining personal hygiene, shaving or trimming beards, having a haircut, etc, and allocate time for cleaning bathing, and arranging the room and environment nicely.
- Encourage the drug user to get medical or psychiatric treatment if they have any medical and psychological illnesses other than drug use disorder.

- Become aware of the pleasures they are missing in life because of their use of drugs, or the inconveniences they experience due to alcohol or drug use such as:

  - The damage they cause to themselves and their lives
  - The disadvantages and pressure that they have had to face from society

- Change the routes along which they travel. This is especially if there are places at which drugs or alcohol are sold along their usual routes. This is a way of avoiding contact (*phassa*) with objects (drug).
- Avoid habits that lead to drug use by making changes such as:

  - Waking up early
  - Staying at home continuously for many days
  - Avoiding friends who still use drugs
  - Cutting off all ties with peer groups that use alcohol or drugs and not meeting with these groups

- Gradually change the social groups that they (the users) interact with on a day-to-day basis.
- Reject invitations from friends who use drugs making excuses such as:

  - "I have to go to the police station today"
  - "I have to go home early today. I have some work to do."
  - "I have to go out with my family today"

- If friends who use drugs bring up the subject of drug use in a conversation, change the topic, for example:

  Friend: Let's make a stop at (place at which heroin is sold) and stock up our supplies on the way.

  You: I don't know what will happen to the cricket match. I think Jayasuriya (a cricketer) will play well. I am very happy with how he has improved lately.

- Whenever the thought of using emerges, substitute it with other thoughts such as:

  - "I am now in a recovery programme so I must postpone my next dose of heroin"
  - "I must do some active sports today"

- Whenever the thought of using drugs emerges, engage in some other activity.

  - Watching television – engaging in a pleasurable activity
  - Writing or exercising – engaging in a particular task

- Eating, Bathing, reading a novel., Cleaning the room
- Understand the psychological nature of addiction and engage in discussion on myths and realities of alcohol and drug use for the necessary cognitive transformation.
- After changing some behavioural aspects as explained above, select a date and **stop the use of drugs completely with a strong will.** Determine not to change that position. This is an important milestone in the process of recovery. Correcting the behaviour and engaging in the right behaviour, develops inward purity which in turn leads to wisdom.
- Instruct the ex-users to speak firmly to those who use drugs in a way that shows utmost disapproval, for example:
  - "I can turn nasty if you try to influence me anymore to use drugs"
  - "Get out! The days that I allowed you to fool me are over!"
  - "Give me five good reasons why I should use drugs!"
  - "I am not against your decision to use drugs. You have no right to be against my decision not to!"
- Realize how the drug users have become the target of social ridicule and contempt, for example:
  - They are often accused of robbery
  - They have difficulty making friends
- Remember all achievements and accomplishments without the use of drugs, for example:
  - Life experiences such as family happiness
  - Enjoyable moments experienced (without using drugs)
  - The sense of lightness or freedom (before using drugs)

Therapists could help users with the above as follows:

- Discuss with the ex-users how they could rebuild their lives, assign tasks, and approve their progress through these tasks. Here, it is important that social workers also assess the amount of time spent at work, with friends, family, and society, look for ways in which users could increase their happiness in these areas, and connect the users to them.
- Help ex-users to find new ways of enjoying life. Here, it is the role of the therapist to provide ex-users with the necessary guidance. Introducing new hobbies and interest areas, practicing meditation, developing a sport, learn to play a musical instrument are some areas to consider.

- Develop the ex-users 'skills to cope with the changes that are constantly taking place in society by developing equanimity (*upekkhā*) and working towards increasing their level of self-confidence to ever-changing life events. Equanimity is a perfect, unshakable balance of mind, rooted in insight and it is not independent of mindfulness. A person who practices equanimity is undisturbed and unperturbed when touched by vicissitudes of life. The virtue and value of equanimity are extolled and advocated by several major religions in the world. Equanimity helps individuals to free themselves from both excessive attachment and excessive aversion.

  Each and everyone in this world has to undergo the eight vicissitudes of life *(Attha Loka dhamma)* in the course of their lives. That is gain and loss, good repute and ill-repute, praise and censure, pain and pleasure. No one gets through life without experiencing these realities from time to time. These waves of emotion carry us up and pin us down. They are a common lot of humanity. Even great people and the virtuous are subject to these worldly conditions and this has been true throughout history. This equanimity demands a fair amount of determination and willpower to maintain a balanced mind. Over time and with constant practice, equanimity becomes an effortless process and its practice becomes intuitive.

- Guide the users in deciding on their goals in relation to employment, leisure, family, and other social relationships and monitor their progress towards these goals.

  - Help users to develop their own personal goals in the areas of physical mental social educational and economic development.
  - Draw up a systematic plan for the targets that the users hope to achieve.
  - Identify the possible obstacles in achieving these targets.
  - Finds ways of avoiding these obstacles.
  - Measure the progress from time to time and redirect the process.

- As the users gradually become accustomed to their new drug-free lifestyle, build their skills and capabilities which had up to that point deteriorated as a result of their use of drugs. To do this, their current lifestyle that revolves around drug use must be taken into account. Some behaviours to look for are:

  - The disorderly manner in which the users attend to their work
  - Lack of punctuality in completing tasks
  - Neglecting personal health
  - Lack of cleanliness
  - Family problems
  - Legal problems
  - High expenses

- Physical weakness and emotional enslavement

  The therapist needs to seek out the above problems and assist the ex-users in changing them to become accustomed to a regular, drug-free behaviour pattern. The therapist must also guide ex-users toward getting involved in more fruitful tasks. In doing so, it is important to draw up a plan not only on how they would allocate their time throughout the day but on how the time spent daily on using drugs would be allocated for some form of practical activity aimed at steering them away from the lifestyle of using drugs as well.

- Pay attention to whether the ex-users are having their meals on time:

- Make sure that the ex-users eat well. Ensuring that ex-users are given the foods that they enjoy is also helpful in encouraging them (the users) to become accustomed to eating proper meals regularly.

- Ensure that the ex-users have their meals at the proper time and y consume the required amount of food.

- Give the ex-users an understanding of tasks that they could do if ever they are overcome with the feeling of laziness and guide them towards doing these tasks.

- Whenever the ex-users feel the urge to use drugs, encourage them to divert their attention to some other activity. It must be noted that by suddenly returning to the use of drugs in this way, users may use a large quantity of drugs, much larger than the amount previously used.

- Make a plan by which the users would be able to do as much of their household work as possible.

- Discuss with the ex-users how any feelings of discomfort experienced could be replaced with comfort and how they could derive pleasure from such comfort.

- Show the ex-users how they could plan their future lives free from drug use. For example, how they would be able to look after their parents' needs and their children's education, and at a social level, how they would be able to form new stable friendships and take responsibility in various associations and committees. Similarly, ex-users could increase their pleasure by beautifying their surroundings and looking for means of earning a higher income.

- Take steps to decrease the importance that ex-users have attributed to drugs by showing them how they could gain even more satisfaction in completing their day-to-day tasks without drugs than with them.

- Show ex-users how they could see the progress they have made as a result of becoming less attached to drugs.

- Guide the ex-users towards learning new ways in which they could make their lives more interesting. Advise them not to engage in bodily verbal or mental misconduct and engage in good bodily verbal and mental conduct. In Aṅguttara Nikāya Ekamsena Sutta (A 2.18) the Buddha said;

> "Given that I have declared, Ananda, that bodily misconduct, verbal misconduct, & mental misconduct should not be done, these are the drawbacks one can expect when doing what should not be done: One can fault oneself; observant people, on close examination, criticize one; one's bad reputation gets spread about; one dies confused; and — on the break-up of the body,…….
>
> "I say categorically, Ananda, that good bodily conduct, good verbal conduct, & good mental conduct should be done."
>
> "Given that the Blessed One has declared that good bodily conduct, good verbal conduct, & good mental conduct should be done, what rewards can one expect when doing what should be done?"
>
> "Given that I have declared, Ananda, that good bodily conduct, good verbal conduct, & good mental conduct should be done, these are the rewards one can expect when doing what should be done: One doesn't fault oneself; observant people, on close examination, praise one; one's good reputation gets spread about; one dies unconfused; and — on the break-up of the body, after death …..

- Guide the ex-users towards achieving the knowledge they require to become active, pleasant, and free individuals within their families and in society.
- Encourage the ex-users to develop deep relationships with others who would play a vital role in supporting them in their new drug-free lives, such as their spouses, parents, and children.
- Develop the ex-user's sense of self-worth and skills by showing them that they are valued as individuals. Help them to recognize their value in society. Develop virtue in the four areas as explained by the Buddha; sīla as (1) *pātimokkhasamvarasīla* (restraints by the rules of discipline), (2) *ājīvapārisuddhisīla* (purity of livelihood), (3) *indriyasaüvarasīla* (restraint of the sense faculties) and (4) *paccayasannissitasīla* (proper conduct relating to the use of daily material requisites).
- Help the ex-users to see identify the benefits of abandoning the use of drugs and the disadvantages of using drugs.
- Show the ex-users the happiness and physical comfort they would feel once they stop using drugs.
- Assess the changes, the psychological and behavioural advances made by the users over some time, and make them aware of these advances.
- Guide the ex-users to identify and minimize their weaknesses and develop positive qualities by giving them written assignments regarding the identification of weaknesses and positive qualities.
- Guide the ex-users to create an environment in which they could live happily and comfortably.

- Direct the ex-users towards various sports and encourage them to engage in strenuous physical exercise until the point of perspiration.
- Instead of taking naps at odd times during the day whenever they feel tired, encourage the ex-users to get a good night's sleep. Convince them that naturally occurring sleep is much more fulfilling than short naps.
- Ensure that the ex-users complete all their assigned tasks easily and happily.
- Help the ex-users to work towards achieving acceptance within their community.
- Show the ex-users how they limit their freedom and happiness by constantly having to fear ordinary people and illnesses due to their use of drugs.
- Ensure that the ex-users can realize the extent to which they place pressure on themselves as a result of having to obtain and prepare for the daily session of using drugs.
- Guide the ex-users to view the group of people whom they once consumed drugs with as weak individuals. To do this, they must first be made to understand the behaviour pattern of the group and how drug use has weakened its members.
- Discuss with the ex-users how their physical appearance deteriorates because of the effects of drugs which makes them unattractive. For instance, point out how drug use causes the darkening of skin tone, extreme weight loss, a sick or unhealthy appearance, and lifelessness.
- Explain to ex-users that they would feel happier once their physical appearance improves after stopping the use of drugs.
- Guide the ex-users to avoid the temptation of using drugs and to avoid pursuing it.
- Take action to stop the illegal means by which the ex-users earn money to buy the drugs.
- Encourage the ex-users to stop associating with the group that uses heroin or other drugs.
- Ensure that the ex-users do not return to the environment in which they once used drugs until they have an expected level of cognitive transformation.

Once an individual achieved the status of liberation from alcohol and other drugs after reaching the required level of cognitive and behavioural transformation, externally imposed restraints for avoiding alcohol or drugs become unnecessary and reach the cessation of it (*kusalasīlānam nirodho*) because a person has now acquired the disposition to the wholesome way of conducting oneself, that refrains from using alcohol or drugs without imposing externally as it were, the required discipline. The Buddha says here that one conducts oneself as a person in possession of sīla, but without being directed or controlled by sīla (*the bhikkhu sãlavā hoti na ca sīlamayo*).

Developing Samadhi and Paññña for Liberation from Alcohol and Drugs 11

Alcohol or drug users have developed concepts (*papañca*) about their alcohol and drug use through the process of proliferation and pervasions. To gain freedom from alcohol and drugs, users have to reverse that conditioning or learning process and unconditioned, unlearn or desensitize their conditioned minds. Addiction to alcohol or drugs is a mindless state with cognitive dichotomies and wrong perceptions. Meditative practice is a treatment for this dependency and helps develop mindfulness to see the reality of alcohol and drugs by restructuring cognition and resolving cognitive dichotomies. To overcome all the problems that alcohol and drug users encounter, they have to tread on the path of three-fold training, virtue (*sila*), concentration (*samadhi*), and wisdom (*paññña*). Developing the virtue and modifying the necessary behaviour were discussed in the previous chapter. Once settled down, the drug user has to concentrate and contemplate on the drugs and his drug use until he sees the reality and futility of drugs and the drug use. The Buddhist practice of meditation is the process of promoting enlightenment and relief from suffering, which could be applied to liberate someone from alcohol or drug use. In Buddhism, distortions in perceptions about people or objects, for example, exaggerating certain qualities of alcohol or drugs, are mental illnesses in the sense that reality is improperly perceived. Such perceptual misinterpretations are also described in Buddhism as categories of illusions (*vipallasa*). From a Buddhist perspective, addictive behaviour may be seen as a false refuge (*Sīlabbataparāmaso*) and a source of attachment that unwittingly, but inevitably, leads to suffering. Meditation helps to increase self-awareness and reduce labelling self as a drug user, let go of fantasies and disturbing thoughts about alcohol or drugs, and increase concentration to achieve necessary levels of wisdom (*paññña*) to be free from attachment or clinging to alcohol or drugs.

The root words of *samadhi*, (sam +ā + √DHĀ) mean "to bring together", or the fixing of the mind on a single object. *Samadhi* has sometimes translated "concentration," but it is a particular concentration. It is "single-pointedness of mind *(cittaṣsa ekaggatā*)," or concentrating with the fully focused mind on a single sensation or thought object to the point up to absorption. Normally drug users entered the therapeutic process, never having time to seriously think about their drug use, the nature of addiction, and question whether they got what they expected from their alcohol or drug use. Their time money efforts and thinking all have dwelt around alcohol or drug use behaviour. After having some control over those meaningless and harmful behaviours through virtue (sila), they could develop the right concentration on suffering, the cause of suffering, and the path to liberate from suffering, from alcohol and drugs.

Samadhi, the second training of the threefold training comprises the following approaches;

(1) Guarding the sense doors (*indriyesu gutta, dvāra*) – When someone is contemplating his or another person's alcohol or drug use, he should take steps to control the sense doors without engaging in unwholesome activities or other activities. To have fully focused attention on the meditative subject, they have to make an effort (viriya) to prevent receiving signals (*saññā*) from the sense doors.

(2) Mindfulness and clear comprehension, (*sati sampajañño*) – The individual entering the treatment process should develop mindfulness (*sati*) and train to observe alcohol or other drug use process as it is, and without any biases so that they can clearly comprehend the reality of alcohol and drugs. Necessary wisdom to liberate their minds from alcohol or drugs will be generated or cultivated through this meditative process.

(3) Contentment, (*santuṭṭhi*) – When the knowledge is increased and the enhanced understanding of the futility of the drug use, the trainee in the therapeutic process becomes happy and develops confidence in his sobriety.

(4) Overcoming the mental hindrances, (*nīvaraṇa pahāna*) – There are always obstacles in the process of meditation that make it difficult for the mind to focus on the subject of alcohol and drugs and comprehend the reality.

The five hindrances are:

1. Sensory desire (*kāmacchanda*): seeking pleasure through the five senses of sight, sound, smell, taste, and physical feeling. This can be suppressed by improved one-pointedness of mind (*cittassa ekaggatā*)
2. Ill-will (*vyāpāda*; also spelled *byāpāda*): feelings of hostility, resentment, hatred, and bitterness. This can be suppressed by developing zest (pīti), the conceptual happiness related to the disposition of five aggregates.
3. Sloth-and-torpor (*thīna- middha*) half-hearted action with little or no effort or concentration. This can be suppressed by taking the alcohol or drug prevention object strongly into the mind by developing an initial application or positive thoughts (vitakka).
4. Restlessness-and-worry (*uddacca – kukkucca*): the inability to calm the mind and focus one's energy. This can be suppressed by developing good and happy feelings (*sukha vedanā)*
5. Doubt (*vicikicchā*): lack of conviction or trust in one's abilities. This can be suppressed by developing a constant reflection on the myths and reality of alcohol and drugs.

The Buddha offers similes to illustrate the detrimental effect of the hindrances. The five hindrances to five types of calamity: sensual desire is like a debt, ill will like a disease, sloth, and torpor like imprisonment, restless and worry like slavery, and doubt like being lost on a desert road. Release from the hindrances is to be seen as freedom from debt, good health, release from prison, emancipation from slavery, and arriving at a place of safety (D.i,71-73). The similes compare the hindrances to five kinds of impurities affecting a bowl of water, preventing a keen-sighted man from seeing his own reflection as it really is. Sensual desire is like a bowl of water mixed with brightly coloured paints, ill will like a bowl of boiling water, sloth and torpor like water covered by mossy plants, restlessness, and worries like water blown into ripples by the wind, and doubt like muddy water. Just as the keen-eyed man would not be able to see his reflection in these five kinds of water, so one whose mind is obsessed by the five hindrances does not know and see as it is his own good, the good of others, or the good of both. (S.v,121-24).

(5) The cultivation of four dhyanas. (*jhāna bhāvanā*) – When concentration (samadhi) on an object is developed to a deeper level, it comes to the Jānic or absorption stage where the contemplating thought or physical object becomes clearly visible and minute details also could be observed. At this stage, the meditator develops his own logic of thinking (*vitakka*) to understand the meditative

or contemplating thought or object and further develops a higher level of analysis (*vicāra*) over the object. With this Jānic level of logical thinking (*vitakka*) and analysis (*vicāra*), the meditator on alcohol or drug prevention cultivates the liberating thoughts on the previous attachment to drugs and develops great rapture that fills the person and further develops deep satisfaction, calmness, and alertness.

When right samadhi has been developed, through deep observations, wisdom arises to disentangle the bonds that the user tied himself to alcohol or drugs. In general, tranquillity or "Samatha" meditation is aimed at developing inner peace, which calms the mind in order to attain samādhi where the mind can stay firmly at ease with the object of its choice. As the mind stays with the object, anchored on one point with no distraction or agitation, it becomes pure (*parisuddha*), elated (*udaggacitta*), delighted (*pahaṭṭhacitta*), malleable and workable (*kammaniyacitta)* to look at alcohol and drug use experience in a new light and fully liberate from alcohol or drugs. A concentrated mind has more force and power to penetrate through the thick layer of myths considered conventional wisdom, that covers the reality of alcohol and drugs. A concentrated mind is lucid and mindful, like clear water so that enables us to see things with clarity. Tranquillity achieved through Samadhi is a pragmatic solution for the troubled mind of a drug user. In Samadhi Sutta (SN 35.99) the Buddha advised "Develop concentration, monks. A concentrated monk discerns things as they actually are present (*Samāhito yathābhūtaṃ pajānāti*).

Catasso imā bhikkhave samādhibhāvanā. Katamā catasso? Atthi bhikkhave samādhibhāvanā bhāvitā bahulīkatā diṭṭhadhammasukhavihārāya saṃvattati. Atthi bhikkhave samādhibhāvanā bhāvitā bahulīkatā ñāṇadassanapaṭilābhāya saṃvattati. Atthi bhikkhave samādhibhāvanā bhāvitā bahulīkatā satisampajaññāya saṃvattati. Atthi bhikkhave samādhibhāvanā bhāvitā bahulīkatā āsavānaṃ khayāya saṃvattati. Samādhi Sutta- AN 4.41 PTS: A ii 44

There are four developments of concentration Which four? There is the development of concentration that, when developed and pursued,

• leads to a pleasant abiding in the here and now.

• leads to the attainment of knowledge and vision.

• leads to mindfulness & alertness.

• leads to the ending of the defilements (effluents).

Wise & mindful, you should develop immeasurable concentration [i.e., concentration based on immeasurable goodwill, compassion, appreciation, or equanimity]. When wise & mindful, one has developed immeasurable concentration, five realizations arise right within oneself. Samādhi Sutta- AN. 5.27, PTS A iii 24

Samādhi Sutta- SN. 22.5, PTS- S iii 13 explains the mechanism of getting addicted to alcohol or drugs through concentrating on alcohol and drugs in the wrong way (*miccā samadhi*).

Idha bhikkhave, bhikkhu abhinandati abhivadati ajjhosāya tiṭṭhati. Kiñca abhinandati abhivadati ajjhosāya tiṭṭhati: rūpaṃ abhinandati abhivadati ajjhosāya tiṭṭhati, tassa rūpaṃ abhinandato abhivadato ajjhosāya tiṭṭhato uppajjati nandi. Yā rūpe nandi tadupādānaṃ tassūpādānapaccayā bhavo, bhavapaccayā jāti, jātipaccayā jarāmaraṇaṃ sokaparidevadukkhadomanassupāyāsā

sambhavanti. Evametassa kevalassa dukkhakkhandhassa samudayo hoti. Samādhi Sutta- SN. 22.5, PTS- S iii 13

There is the case where one enjoys, welcomes, & remains fastened. And what does one enjoy & welcome, to what does one remain fastened? One enjoys, welcomes, & remains fastened to form… feeling… perception… fabrications… consciousness. As one enjoys, welcomes, & remains fastened to form, there arises delight. Any delight in form is clinging. From clinging/sustenance as a requisite condition comes becoming. From becoming a requisite condition comes birth. From birth as a requisite condition, then aging & death, sorrow, lamentation, pain, distress, & despair come into play. Such is the origination of this entire mass of stress & suffering.

Before concentrating on alcohol and drugs trainees could develop their concentration by engaging in breath meditation (Ānāpānasati Bhavana).

Let me explain how I practice Ānāpānasati Meditation with the advice of my teacher Venerable Kahatapitiye Sumathipāla mahā there at the Kanduboda meditation centre in Sri Lanka.

1. Assume a comfortable posture sitting with the crossed leg; keep the spine straight and let your shoulders drop.
2. Place your hands anywhere that feels comfortable. A common choice is to place them on your lap, with both palms upward, the left cradling the right.
3. Close your eyes, if it feels comfortable. Just relax for a minute.

4. Bring your attention to your abdomen, feeling it rise or expand gently on the in-breath and fall or recede on the out-breath.

4. Keep the focus on your breathing, feeling the abdomen go through risings and fallings. Contemplate on breathing by labelling the rising and falling.

5. Every time you notice that your mind has wandered off the breath, notice what it was that took you away and then gently bring your attention back to your abdomen and the feeling of the abdomen rising and falling.

6. If your mind wanders away from your breath, bring it back to the breath every time, no matter what preoccupies it.

7. Practice this exercise for 20 minutes at a convenient time every day.

Concentrating on Alcohol and Drugs

The therapist can help the individual in the recovery process contemplate his alcohol or drug use by raising some questions. Some such questions were raised during the motivational process and facts have been presented by the therapist. Those questioning and advice given may have helped the alcohol or drug user to enter into the treatment process and to start treading on the path of threefold training. In the Samadhi stage probably, the same questions could be raised to shed lite on the recovery process. Some such questions are as follows;

1. How much money did you spend on alcohol or drug use when you were using drugs?
2. What were the expectations you had over your alcohol or drug use?
3. Take one by one the expectations they explained in answering question 2 and ask whether they got what they expected from their alcohol or drug use.
4. How did your alcohol or drug use negatively affect your happiness and wellbeing?
5. Why did you decide to enter into the treatment process?

When their concentration is improved on the above questions their answers will be more elaborative and comprehensive therefore the therapist can tell the trainees to think further about those questions and be ready to provide better and qualitative answers with their improved understanding and wisdom.

One important awareness or understanding a trainee in the recovery process should have is the resolving of attributed pleasure to alcohol or drugs through the process of condition and social learning. The therapist may help the trainee to have a right view of this by focusing the attention on the following questions.

1. How does a user's head, stomach, or body feel when using alcohol or drugs such as heroin, ice, or cannabis?

2. Why do some people feel happy and excited at the mere sight of unopened bottles of alcohol or just seeing a packet of heroin?

3. Do people drink on happy occasions or become happy on such occasions because alcohol is consumed?

4. If alcohol is a pleasurable substance, why is it that some people have to be forced to consume it unlike, for example, chocolate?

5. Why is it that there is more laughter, fun, and frolic at a party before alcohol use than afterward?

6. Isn't it that innuendos (code words and hints) are used to refer to alcohol or drug use to hide the discomforts that it causes?

7. Why do alcohol users need alcohol to feel happy at a particular occasion such as a party or a festival at which a non-user could feel happy without alcohol?

8. Why do alcohol users feel unhappy when alcohol is not available while others feel no difference?

9. Does limiting personal happiness to alcohol use increase or decrease a person's total ability to enjoy life?

10. Are the characters of alcohol users portrayed on TV and in films similar to the users in real life?

11. Is alcohol use/ drug use really pleasurable?

12. Are alcohol or drug users in real life as sexually attractive as they are reporting?

13. Isn't it true that people consume alcohol or drugs in a particular situation out of the fear of the others in the group?

14. Isn't it true that those who are more dependent on alcohol force others to drink more out of jealousy?

15. Why does a person usually wait until his/her group of friends meet to consume alcohol instead of consuming it alone?

16. Though people claim to feel happy when at a party drinking with their group of friends, how do they really feel when they leave the group?

17. Why do people consume bites (savoury snacks) along with alcohol?

18. When one member of a group suggests using alcohol, why does the mood of the group lift immediately even without alcohol?

19. What are the common characteristics of the various occasions on which alcohol is used?

Expectations on Alcohol and Drug Use

1. Does alcohol or drug use make a person "cool"? If so, why do most people feel uncomfortable under the influence of alcohol or drugs?

2. Does alcohol or drug use make a person "macho"? If so, why do some people who use alcohol avoid getting into a dispute with those stronger than themselves?

3. Does alcohol or drug use make a person creative? If so, how many new artistic creations has the person been able to begin and complete under the influence of alcohol or drugs?

4. Does alcohol or drug use make a person more rebellious or weak?

5. Does alcohol or drug use make a person sociable or aloof?

6. Does alcohol or drug use make the user smarter than non-users? If so, why do some alcohol or drug users get into trouble with others?

7. Does alcohol or drug use make the users more sociable? If so, why do many alcohol or drug users always move with the same groups of people limiting their sociability?

8. Do alcohol or drug users use alcohol as an alibi to accuse their wrongdoings?

9. Does alcohol or drug use really make a person more sophisticated?

10. Do people use alcohol or drugs to handicap themselves in order to cover up their own shortcomings?

11. Do alcohol or drug users really know about alcohol or drugs?

12. Would a person who speaks openly under the influence of alcohol or drugs say something that could be to his/her disadvantage?

13. Why do people consume alcohol on one occasion to sleep better and consume alcohol on another occasion to be able to keep awake?

14. Is consuming alcohol or drugs in the household a violation of the right of the other family members to live happily and peacefully within the home?

15. Why do the reasons to use alcohol vary from one social milieu to another, e.g.: from a happy social milieu to a sad social milieu?

16. How does a person drink alcohol to forget problems on one occasion and on another occasion drink alcohol and is reminded of old grudges?

17. Though people drink to forget problems, isn't it true that by drinking alcohol, they have only increased them?

18. Although people who drink alcohol use drugs to ease fatigue, does their fatigue decrease or increase because of the alcohol or drug use?

19. Will a person who drinks alcohol before sleeping be able to sleep well or will he/she feel even more tired the next day after sleep?

20. Why does a person who uses alcohol to relax on one occasion, use it on another occasion to become more active?

21. Is a person really able to relax while experiencing the physical discomforts of using alcohol or drugs?

22. If a person is allowed to drink alcohol before an exam, will it enable him/her to recall his/her subject notes better?

23. Do women who do more physical work at home usually need alcohol to ease their fatigue as much as men?

24. How is it that a person now needs alcohol or drugs to do certain things that he/she was able to do before without using alcohol or drugs?

25. Have you ever seen a person who doesn't use alcohol or drugs has several problems, but after he develops the habit of using alcohol or drugs, he has reduced dramatically the number of problems he encounters.

Removal of withdrawal discomfort of dependent users

1. Is it the alcohol or the stopping of work to consume alcohol (the intermission) that makes alcohol more pleasurable and relaxing?

2. How do alcohol or drug-dependent persons feeling discomfort return to a normal or reach an even higher state of happiness just after holding alcohol or drugs in their hands even if they haven't used the drug yet?

3. Does the happiness and satisfaction of being immediately accepted as a member of a group outweigh the discomforts of alcohol use?

4. Do people really cope with the stresses of day-to-day life better after using alcohol/drugs or is it otherwise?

5. Do alcohol or drug users lead more productive lives than non-users or is it otherwise?

6. Is the level of alcohol consumption inversely proportionate to the well-being of the person?

7. Is quitting the use of alcohol or drugs the same as being free from alcohol or drug use?

8. Is it not true that those who have limited their happiness and well-being cover up their own shortcomings by making others drink more on occasions on which alcohol is used?

9. Is it not true that those dependent on alcohol or drugs may see some of their friends reducing or quitting alcohol or drug use as a threat to themselves and their other drinking/drug using companions?

10. Is it not true that the life of a person dependent on alcohol or drug is boring and uninteresting?

11. Is not the expense of alcohol use a loss to the individual, the family, and the community?

12. Is it not true that many non-users connected to the user, for example, the user's Family members and friends, make sacrifices to support the lifestyle of the alcohol user?

13. How is it that a person sets out to purchase alcohol or drugs because he experiences discomfort from not using it, and feels relieved while returning home with the unopened bottle of alcohol or drugs in their pockets?

Pardoning and sanctioning of alcohol or Drug-induced misbehaviour

1. Why would an alcohol or drug user misbehave with those weaker than him under the influence of alcohol and behave "normally" with those who are stronger or of authority (E.g., Police officers)?

2. Why do people behave indecently in their own villages after consuming alcohol behave decently after having consumed alcohol in a sophisticated place (E.g., a five-star hotel)?

3. Does the act of others relieving alcohol or drug users from their obligations make alcohol or drug use beneficial?

4. Why should a person who does something wrong under the influence of alcohol or drugs be excused while his sober counterpart who does the same deed is punished or reprimanded?

5. How is it that a person can find his way home under intoxication, yet claims to be unable to remember what he did at the same time?

6. How is it that a person who cannot remember something he had done wrong under the influence of alcohol or drugs can remember the exact amount of money that was in his pocket at that time?

7. Why is a person under the influence of alcohol or drugs careful to choose to destroy things that are of lesser value and avoid destroying valuable things, especially those he owns?

8. Why does a person under the influence of alcohol choose to break things that would make more noise when breaking?

9. Why does a person supposedly able to talk "openly" while under the influence of alcohol avoid revealing anything that could be held against him later on?

10. Is it not the permissive environment concerning alcohol or drugs that encourage users to engage in misbehaviours, indecent acts, and violence under the influence of alcohol?

11. Is it not the people who pardon and sanction the alcohol-induced misbehaviours that often-become targets of alcohol-related violence?

12. Is it not toleration of alcohol or drug-induced misbehaviours that enables the alcohol or drug users to break social norms of decent behaviour?

13. Is it the wrongdoer under the influence of alcohol or the alcohol per se should be held responsible for any misbehaviour?

14. However much an individual is under the influence of alcohol if he wishes to stab somebody would he not choose the right person to stab and wouldn't he be able to stab the person in the right place?

15. How is it that however much an individual is intoxicated, he is still able to find his way back home safely no matter how difficult the route may be?

Above are some questions that could be taken as objects of thinking or meditation to improve understanding and wisdom on alcohol or drug use. Trainees have to develop their deep thinking (Jānic level of *vitakka*) and deep analysis (Jānic level of *vicāra*) on each of these questions to have clarity on alcohol or drugs. The therapist should guide the trainee as a *kalyāna mitta* providing clarity on each question. The ways to analyze these questions are discussed in previous chapters. There can be some specific areas where trainees are stuck and having difficulties resolving for better insight. The therapist should identify such areas and discuss more on those areas with the trainee. When the concentration is developed the five Jānic factors; *vitakka vicāra pīti sukha and ekaggatā* also developed and with that temporary suspension of five hindrances (*pañca nivarana*) develops a wholesome mind and thoughts eventually bring tranquillity and calmness to the individual.

Sāmañňaphala Sutta: DN 2 PTS: D I 47 explains the right concentration as follows; Abandoning covetousness or greed concerning the world, he dwells with an awareness devoid of covetousness. He cleanses his mind of covetousness. Abandoning ill will and anger, he dwells with an awareness devoid of ill will, sympathetic to the welfare of all living beings. He cleanses his mind of ill will and anger. Abandoning sloth and drowsiness, he dwells with an awareness devoid of sloth and drowsiness, mindful, alert, and percipient of light. He cleanses his mind of sloth and drowsiness. Abandoning restlessness and anxiety, he dwells undisturbed, his mind inwardly stilled. He cleanses his mind of restlessness and anxiety. Abandoning uncertainty, he dwells on having crossed over uncertainty, with no confusion concerning skillful mental qualities. He cleanses his mind of uncertainty.

In developing Samadhi, individuals only temporarily suppress the attachment although there four types of desires may prevail and it can be utilized to motivate the individual to refrain from alcohol or drugs. Those four desires are;

• *Jīvitukāmo* (Desire for the Life) – alcohol and drugs ruin the life

• *Amaritukāmo* (Desire not to die) – abstaining from the use of alcohol and drugs improves life expectancy

• *Sukhakāmo* (Approach Motivation) – alcohol and drugs impair happiness (sukha)

• *Dukkhapaṭikkūlo* (Aversion Approach) alcohol and drug use is unpleasant (dukkha)

When the concentration (*samadhi*) develops further, individuals develop the ability to sustain abstinence and enjoy it even without *vitakka and vicāra*. At this stage, deliberate thoughts on abstaining from alcohol and drugs may not be needed as abstention becomes instinctive or programmed thinking.

Liberated mind from Alcohol and Drugs through Establishment of Mindfulness (*Satipaṭṭhānā)*

Alcohol or drug use brings sorrow, misery, pain, and suffering. As discussed, earlier people use alcohol or drugs because they have created an attractive image around alcohol and drugs and developed a craving for those substances. In Maha Satipatthana Sutta (*Majjima Nikāya No. 10 and Dīgha Nikāya* No. 22), the Buddha provides a formula to overcome this sorrow and lamentation. Satipatthana Sutta starts explaining the theory as follows:

Ekāyano ayaṃ, bhikkhave, maggo sattānaṃ visuddhiyā, sokaparidevānaṃ samatikkamāya, dukkhadomanassānaṃ atthaṅgamāya, ñāyassa adhigamāya, nibbānassa sacchikiriyāya, yadidaṃ cattāro satipaṭṭhānā.

This is the only way, O bhikkhus, for the purification of beings, for the overcoming of sorrow and lamentation, for the destruction of suffering and grief, for reaching the right path, for the attainment of Nibbana the Liberation, namely, the Four Establishments of Mindfulness. A person who is addicted to alcohol or drugs has to liberate himself from the attachment to a substance by purifying his mind through mindfulness practices. The everlasting solution for someone's addiction or dependence on alcohol tobacco heroin cannabis or any other drug, without any relapse, comes with this liberation from craving for the substance. This status could be attained through developing clear intuitive insight or *vipassanā* into alcohol and drugs, seeing them for what they actually are. These four foundations of mindfulness are the ancient path of practice of liberation rediscovered by the Buddha.

Vipassanā can be translated as "Insight," a clear awareness of exactly what is happening as it happens. It is a logical process of mental purification through self-observation. *Vi* means special or supper and *passanā* mean seeing. Venerable Henepola Gunaratana defined *vipassanā* as "Looking into something with clarity and precision, seeing each component as distinct and separate, and piercing all the way through to perceive the most fundamental reality of that thing". As alcohol or drug user develops through virtue (*sīla*) and concentration (*samadhi*) next level is to develop wisdom (*paññā*), and this could be achieved through distinctly and clearly seeing alcohol or drugs and their effects on the mind, body, and society at large. Vipassana means seeing in various ways and when applied to meditation, it refers to seeing all objects or phenomena as impermanent (*anicca*), suffering (*dukkha*), and non-self (*anatta*). The principle of Vipassana meditation is to observe, any mental or physical process that arises predominantly within the present moment. Thus, the concentration is not fixed on a single object but the momentary concentration (*khanika samadhi*) that arises when the mind is free from hindrances. At this stage, the mind is able to note whatever objects that arise predominantly, thereby revealing their true nature (*yathabhuta*).

Users fail to see the reality of alcohol or drugs because of the preconceived notion and cravings and go after the mirages and deceptions of such substances. Their notion of alcohol and other drugs has become perverted (*viparīta dassana*). Buddhist psychology discusses three kinds of illusion or perversions (*vipallāsa*) that grip individuals' minds, namely: the illusions of perception, thought, and view (*saññā vipallāsa; citta vipallāsa; diṭṭhi vipallāsa*). When a drug user is caught up in these illusions he perceives, thinks, and views incorrectly: He perceives the permanence of alcohol or drugs (*nicca*) in the ephemeral nature of drugs and; satisfactoriness or pleasurable nature in the unsatisfactory (ease and happiness in suffering) nature of alcohol and drugs; attributed or created self or essence, such as "magical substance" in what is not self but just a dull chemical (a soul in the soulless); beauty in the repulsive. Alcohol or drug user thinks and views in the same erroneous manner. Thus, each illusion works in the said four ways, and leads the drug user astray, clouds his vision, and confuses him. This is due to unwise reflections, to unsystematic attention (*ayoniso manasikāra*). Right understanding (or insight meditation— *vipassanā*) alone removes these illusions about alcohol or drugs and helps him to cognize the real nature of alcohol or drugs. Through this insight meditation, alcohol or drug-dependent individual realises the three marks or three characteristics of existence (*tilakkhaṇa)* that alcohol or drugs never produce what expects *anicca*, the suffering of alcohol and drugs *dukkha*, and *anatta* the emptiness of alcohol or drugs.

Vipassana meditation is also known as Mindfulness meditation because this type of meditation was taught by the Buddha in this Satipatthana Sutta or the Four Foundations of Mindfulness. The Pali word 'Sati' means 'mindfulness or awareness of what is happening in one's body & mind at the moment while *paṭṭhānā* means 'setting firmly or closely'. So Satipatthana means firm, close, the steadfast establishment of mindfulness on the present phenomenon which one is observing; not events that have passed away nor events that have not arisen. Secondly, the word can be defined through *sati-upatthana* meaning, establishing mindfulness.

The Buddha declared the four foundations of mindfulness (*cattāro satipaṭṭhānā),* four parallel techniques that differ about the object, as the only path (*Ekāyano maggo)* that will direct to the full eradication of negative forces in the mind and the realization of the ultimate truth. It could be firmly stated with Saddhā, that to fully annihilate the defilements that lead to the use of alcohol or drugs, one has to develop wisdom (*paññā*) on alcohol and drugs through four foundations of mindfulness. The next stanza of the Satipatthana Sutta explains the four foundations of mindfulness.

Katame cattāro? Idha, bhikkhave, bhikkhu kāye kāyānupassī viharati ātāpī sampajāno satimā, vineyya loke abhijjhādomanassaṃ; vedanāsu vedanānupassī viharati ātāpī sampajāno satimā, vineyya loke abhijjhādomanassaṃ; citte cittānupassī viharati ātāpī sampajāno satimā, vineyya loke abhijjhādomanassaṃ; dhammesu dhammānupassī viharati ātāpī sampajāno satimā, vineyya loke abhijjhādomanassaṃ.

"What are the four? Here, monks, regarding the body a monk abides contemplating the body, diligent and ardent, clearly knowing or comprehending, and mindful, free from craving and discontent regarding the world. Regarding feelings, he abides in contemplating feelings, diligent and ardent, clearly knowing or comprehending, and mindful, free from desires and discontent in regarding world. Regarding the mind, he abides in contemplating the mind, diligent and ardent,

clearly knowing or comprehending, and mindful, free from craving and discontent regarding the world. Regarding dhammas, he abides in contemplating dhammas, diligent and ardent, clearly knowing or comprehending, and mindful, free from desires and discontent in regard to the world.

This stanza introduces four foundations of mindfulness namely;

Kāyānupassana – Contemplation of the body

Vēdananupassana – Contemplation of feeling

Cittānupassana – Contemplation of mind

Dhammānupassana – Contemplation of Dhammas

Satipatthana meditation process combines three factors, ***ātāpī*** - ardent or strong effort, ***sampajāno*** clear comprehension, and ***sati*** - mindfulness into the practice. The contemplation must be free from covetousness and grief, which stands for sensual desire and ill-will, the principal hindrances that must be overcome for the practice to succeed. Individuals engaging in psychotherapeutic or counselling process should look at alcohol or drugs with *ātāpī sampajāno satimā,* that is with diligent and ardent effort, clear comprehension, and mindfully. The phrase *vineyya loke abhijjhādomanassaṃ* also should be clarified. *Vineyya* means to keep away from or abstain from, and *loke* means worldly. Therefore, *vineyya loke abhijjhādomanassaṃ* should be understood as when contemplating the meditating object or process, the focus should be abstained or free from craving and discontent or aversion. When looking at or contemplating alcohol or drugs with mindfulness (*sati*), the focus should be without craving or attachment to alcohol or without hating or aversion to alcohol. This emphasizes the fact that mindfulness of alcohol or drugs cannot be accompanied by unwholesome mental factors (*cētasikas*) and not through *lobha dosa* or moha unwholesome consciousness (*akusala cittas)*, so there cannot be mindful drinking or drug-taking. When someone drinks or takes drugs with a great focus on that behaviour, there is no mindfulness (*sati*) but concentration (*ekaggatā*). The psychotherapeutic approach of looking at alcohol or drugs mindfully is a wholesome act without lobha dosa or moha, and with *saddhā, paññ*a, and other wholesome mental factors (*cētasikas*) and through wholesome consciousness (*kusala citta*).

As discussed in previous chapter , Mindfulness or attentive awareness (*sati*) is the presence of mind or bearing in mind over the sense object and attending to it nonjudgmentally, without having any attributions and biases. Mindful observation does not get involved with preoccupied thoughts and concepts. Mindfulness does not occur automatically but is a quality to be cultivated (*bhāvetabba*). It is the lucid awareness of the present that has the characteristic of steadiness and not floating away (*apilāpana*) from the object, not letting things go unnoticed and resulting in a strong perception (*thirasaññā*). It is the opposite of superficiality and obliviousness. If one is mindful of the six sense-doors to note what one observes, can stop defilements from entering the mind so that *sati* is manifested as guardianship. Once the mindfulness has arisen other factors of enlightenment arise in turn, culminating the true knowledge and liberation. It turns the mind from unawareness to clear cognition, focusing the rays of consciousness upon the experiencing subject in its physical, sensory, and psychological dimensions which helps to scrutinize and understand the reality.

Sampajãna, the verb form Sampajãnãti can be divided into pajānāti (he or she knows) and the prefix saÿ (together), which often serves an intensifying function in Pāli compounds, thus *sampajãnãti* stands for an intensified form of knowing, for “clearly knowing” or knowing every

way in detail. Sampajañña helps to overcome unwholesomeness and establish wholesomeness. Finally, the Itivuttaka relates clearly knowing to follow the right advice of a good friend such as a counsellor or kalyāna mitta. According to Abhidhamma, sampajañña is a form of wisdom (*paññā*). Sampajañña is the first level of *amōha* or *paññā* the wisdom of looking at an objective nonjudgmentally and without any biases, that translated to English as clear comprehension. In vipassana, the wisdom develops as a chain reaction. Application of mindfulness and clear comprehension with effort (*satisampajaññāya* with *ātāpī*) will help to develop further wisdom (*paññā*) that is important for liberation. Looking at alcohol and drugs with satisampajaññā will help to see clearly the effects of alcohol and drugs which helps to develop a liberated mind from alcohol and drugs. Mindfulness and clear knowledge also contribute toward improving one's ethical conduct and overcoming sensuality so which helps to reduce the attraction and craving toward alcohol or drugs.

Contemplation of the Body – *Kāyānupassana*

Kāyānupassanā Satipatthana means contemplation of the body or mindfulness of any bodily process as it occurs. Maha satipaṭṭhāna sutta gives some examples of Kāyānupassanā, that is to remain focused on the body through Mindfulness of Breathing, Mindfulness of the Four Postures, Clear Comprehension, Mindfulness of the thirty-two parts of the Body, Mindfulness of the Four Elements, and the Nine Carnal ground Contemplations. Alcohol or drug users' psychotherapeutic process that focuses on cognitive transformation could be started with *ānāpānasati* meditation or mindfulness of breathing. Maha satipaṭṭhāna sutta explains the way to engage in this meditation.

Ānāpānasati- The mindfulness in Breathing

Kathañca, bhikkhave, bhikkhu kāye kāyānupassī viharati? Idha, bhikkhave, bhikkhu araññagato vā rukkhamūlagato vā suññāgāragato vā nisīdati, pallaṅkaṃ ābhujitvā, ujuṃ kāyaṃ paṇidhāya, parimukhaṃ satiṃ upaṭṭhapetvā. So satova assasati, satova passasati.

And how, monks, does he regarding the body abide contemplating the body? Here, go to the forest, or the root of a tree, or an empty hut, he sits down; having folded his legs crosswise, set his body erect, and established mindfulness in front of him, mindful he breathes in, mindful he breathes out. The format of *ānāpānasati* could be explained as follows;

> 1) Sit comfortably, finding a relaxed comfortable, and stable position you can maintain for a while, either on the floor or in a chair. Close your eyes if you like, or leave them open and gaze downward toward the floor. Try to keep the back upright. Relax any areas of tightness or tension.
>
> 2) Draw attention to the physical sensation of breathing, noticing the natural airflow in and out through your nose. Tune in to the rhythm of the breath. With each breath, bring attention to these sensations. If you like, mentally note, "Breathing in… Breathing out.
>
> 3) Many times over, you'll get distracted by thoughts or feelings. You may feel distracted more often than not. When you discover that your attention has wandered, notice whatever has distracted you and then gently come back to the breath. Instead of wrestling with or engaging with those thoughts as much, practice

observing, noting wherever your attention has been and then returning to the physical sensation of breathing. You can say "thinking" or "wandering" in your head softly. And then gently redirect your attention right back to the breathing.

6) Let go of any sense of trying to make something happen. Exert enough effort to sustain this practice, but without causing yourself mental strain. Seek balance in this way; if you find yourself mostly daydreaming and off in fantasy, devote a little extra effort to maintaining your focus.

7) Breathing in and breathing out, notice your breath, in silence. From time to time, you'll get lost in thought, then return to your breath. return your attention to the breath each time it wanders elsewhere.

8) Continue to practice observing without needing to react. Just sit and pay attention as best as you are able. As hard as it is to maintain, that's all that there is. Come back over and over again, without judgment or expectation.

9) When you're ready, gently open your eyes**.** Take a moment and notice any sounds in the environment. Notice how your body feels right now. Notice your thoughts and emotions. Pausing for a moment, decide how you'd like to continue with your day.

Mindfulness practice on breathing does not require the emptying of the mind or the setting aside or suppression of thoughts with effort. Rather it allows the individual to be constantly vigilant and aware of the processes and the contents of the mind so as not to allow them to interfere with his ability to observe quietly. Breathing is a process happening automatically or involuntarily. Individuals learn to see processes objectively through practicing breath meditation. This training is extremely important to look at alcohol and drugs and their use objectively non judgementally and without any biases. By engaging in this meditation individual starts observing the nature of his addiction in his own mind-body system and develops personal wisdom to enter into a self-healing process.

Dīghaṃ vā assasanto 'dīghaṃ assasāmī'ti pajānāti, dīghaṃ vā passasanto 'dīghaṃ passasāmī'ti pajānāti, rassaṃ vā assasanto 'rassaṃ assasāmī'ti pajānāti, rassaṃ vā passasanto 'rassaṃ passasāmī'ti pajānāti, 'sabbakāyapaṭisaṃvedī assasissāmī'ti sikkhati, 'sabbakāyapaṭisaṃvedī passasissāmī'ti sikkhati, 'passambhayaṃ kāyasaṅkhāraṃ assasissāmī'ti sikkhati, 'passambhayaṃ kāyasaṅkhāraṃ passasissāmī'ti sikkhati.

Breathing in long, he knows 'I breathe in long,' breathing out long, he knows 'I breathe out long.' Breathing in short, he knows 'I breathe in short,' breathing out short, he knows 'I breathe out short.' He trains thus: 'I shall breathe in experiencing the whole body,' he trains thus: 'I shall breathe out experiencing the whole body.' He trains thus: 'I shall breathe in calming the bodily formation,' he trains thus: 'I shall breathe out calming the bodily formation.

When the meditator engaged further in the breath meditation mindfully, watching the breath as it is and simply knowing the breath as it is, he may feel the breath becoming thinner finer, and subtle. Without trying to control the breath, the meditator has to be aware of the beginning, middle, and end of the breath, knowing if it is long or short. This knowledge of the breath whether it is long or

short helps to improve clear comprehension and mindfulness (*sati-sampajañña*). This is why the meditator is asked to be able to discern between the length and shortness of breath, to develop "clear seeing" of this process, as simple as it is. This will help the individual to look at alcohol and drugs and their use with clear comprehension and mindfully.

Iti ajjhattaṃ vā kāye kāyānupassī viharati, bahiddhā vā kāye kāyānupassī viharati, ajjhattabahiddhā vā kāye kāyānupassī viharati; samudayadhammānupassī vā kāyasmiṃ viharati, vayadhammānupassī vā kāyasmiṃ viharati, samudayavayadhammānupassī vā kāyasmiṃ viharati. 'Atthi kāyo'ti vā panassa sati paccupaṭṭhitā hoti. Yāvadeva ñāṇamattāya paṭissatimattāya anissito ca viharati, na ca kiñci loke upādiyati. Evampi kho bhikkhave, bhikkhu kāye kāyānupassī viharati.

In this way, regarding the body, he abides contemplating the body internally, or he abides contemplating the body externally, or he abides contemplating the body both internally and externally. Or, he abides contemplating the nature of arising in the body, or he abides contemplating the nature of passing away in the body, or he abides contemplating the nature of both arising and passing away in the body. Or, mindfulness that 'there is a body is established in him to the extent necessary for bare knowledge and continuous mindfulness. And he abides independently (he lives emancipated from dependence on craving and wrong views), not clinging to anything in the world. That is how regarding the body he abides in contemplating the body.

One can contemplate his body internally *(ajjhattaṃ*) or the body of another parson externally (*bahiddhā)* or both ways (*ajjhattabahiddhā).* Another way of interpreting this is contemplating body subjectively *(ajjhattaṃ*) and objectively (*bahiddhā).* Most people who suffer from psychological disorders or addictions lose their awareness of the body and become just nobody. With this *Kāyānupassana* meditational practice, such individuals become aware of the body and become somebody. Their focus and preoccupation with the mind with alcohol or drugs could be taken away from it through this focus on the body. After becoming somebody, following these instructions, and with developed concentration, an individual could contemplate how alcohol and drugs affect his body or another person's body or look at the effects of alcohol or drugs subjectively or objectively, or both ways.

Posture (*Iriyāpatapabbaṃ*) meditation

Puna caparaṃ, bhikkhave, bhikkhu gacchanto vā 'gacchāmī'ti pajānāti, ṭhito vā 'ṭhitomhī'ti pajānāti, nisinno vā 'nisinnomhī'ti pajānāti, sayāno vā 'sayānomhī'ti pajānāti. Yathā yathā vā panassa kāyo paṇihito hoti tathā tathā naṃ pajānāti.

Again, monks, when walking, he knows 'I am walking'; when standing, he knows 'I am standing'; when sitting, he knows 'I am sitting'; when lying down, he knows 'I am lying down'; or he knows accordingly, however, his body is disposed of.

This is the gathering of mindfulness towards the body position and movements. Through this, the meditator gets to know and be aware of the movements of the body parts such as the head legs, and fingers which lead to improved perception of the body and its movements even a small deportment or posture of the body such as stretching bending looking forward or sideways. When practicing vipassanā the meditator has to be aware of almost everything that is present at the moment without switching into autopilot mode. After practicing mindfulness on posture and movement, the meditator can think about how the energy is produced for these body movements. He can understand it is food that produces energy for the movements. Then the meditator can think if there is no food there is nobody and the body is dependent on food. Further the meditator could

observe how desire or intention pushes the body when a movement occurs and become aware of the mind-body coordination. For example, if there arises a thought "I shall stand", this command goes to relevant mussels and through contraction and relaxation of the mussels produces the bodily expression.

This meditation is helpful for the meditator for increased self-awareness and letting go of fantasies and disturbing thoughts about alcohol or drugs and craving for such substances, and increasing concentration. According to Buddhist Psychology, almost all the problems and sufferings are self-created, such as alcohol or drug problems and related sufferings. Recognition of addiction or dependency on drugs as a 'false refuge' and a preoccupation with past and future events related to alcohol or drug use as compared to the "here and now" of mindful awareness will help the individual to detach from the drugs.

Activity (*sampajānapabbaṃ*)

Puna caparaṃ, bhikkhave, bhikkhu abhikkante paṭikkante sampajānakārī hoti, ālokite vilokite sampajānakārī hoti, samiñjite pasārite sampajānakārī hoti, saṅghāṭipattacīvaradhāraṇe sampajānakārī hoti, asite pīte khāyite sāyite sampajānakārī hoti, uccārapassāvakamme sampajānakārī hoti, gate ṭhite nisinne sutte jāgarite bhāsite tuṇhībhāve sampajānakārī hoti. Iti ajjhattaṃ vā kāye kāyānupassī viharati…pe… evampi kho, bhikkhave, bhikkhu kāye kāyānupassī viharati.

Again, monks, when going forward and returning he act clearly knowing; when looking ahead and looking away he acts clearly knowing; when flexing and extending his limbs he acts clearly knowing; when wearing his robes and carrying his outer robe and bowl he acts clearly knowing; when eating, drinking, consuming food, and tasting he acts clearly knowing; when defecating and urinating he acts clearly knowing; when walking, standing, sitting, falling asleep, waking up, talking, and keeping silent he acts clearly knowing.

When practicing this, the individual's mind will always be preoccupied with what he observes in meditation and may not have time to think about alcohol or drugs. This lap will be the first step of cognitive training for abandoning the attachment to alcohol or drugs. In the sequence of gradual path of training, an important skill the meditator develops through engaging in this *sampajānapabbaṃ* exercise is the application of clear comprehension (*sampajañña*) on activities especially the alcohol or drug-taking behaviour in order to gain realization. Clear comprehension or clear knowledge is a cognitive process, seeing precisely everything in its entirety as a whole, with all mental faculties in balance. When engaging in an activity, *sampajañña* denotes three factors; applying knowledge before engaging in activities, while engaging in activity, and generating knowledge through the activity. According to commentaries on Satipatthana, there are four types of clear knowledge or comprehension.

1. *Sãtthakasampajañña* – Clear comprehension of benefit or purpose
2. *Sappãyasampajañña* – Clear comprehension of suitability
3. *Gocarasampajañña* – Clear comprehension of domain pasture or resort
4. *Asammohasampajañña* – Clear comprehension of non-delusion

Clear comprehension of benefit or purpose (*Sãtthakasampajañña)*; Mindfully considering the purpose or benefits of any activity, before engaging is *Sãtthakasampajañña.* Meditators should not engage in an activity if there is no wholesome (*kusala*) purpose or benefit. Through this

sampajānapabbaṃ meditation, meditators learn to evaluate or engage in cost-benefit analysis in walking, sleeping, sitting, standing, dressing, talking, or even keeping in science through the wholesome lens. After basic training of *sampajānapabbaṃ*, individuals engaged in the alcohol and drug treatment process could observe their alcohol or drug use behaviour internally (*ajjhattaṃ*) or any other person's alcohol or drug use behaviour externally (*bahiddhā)* whether there is a purpose or benefit. With the help of the Buddhist psychotherapist or kalyāna mitta, these individuals could easily identify that there are no benefits whatsoever in alcohol or drug use and seemingly beneficial effects are nothing but mind-made illusions developed through the wrong view (*miccā diṭṭhi*), pervasions (*vipallasa*) and proliferation (*prapanca*).

Clear comprehension of suitability (*Sappãyasampajañña);* When engaging in an activity, if a meditator considers the activity beneficial, next he has to see whether it is suitable, after considering what is suitable or not. Certain activities may be beneficial to engage with, but may not be suitable according to place and time. For example, preaching dhamma is a beneficial act, but trying to preach dhamma to an unruly mob may not be suitable so the meditator should avoid such activity. A father may still consider that alcohol or drug use is beneficial due to a lack of awareness of such substances, yet should refrain from drinking alcohol or serving alcohol at a house party if he has young children, as his children may eventually learn that alcohol or drug use is fashionable and an accepted social norm.

Clear comprehension of domain pasture or resort (*Gocarasampajañña);* When meditating or engaging in the cognitive development process, the individual has to stay in his own domain or territory until his mind gets liberated. Then he may not be disturbed by other factors or individuals. For meditating bhikkhus for liberation, according to the Buddha's words, the domain or resort is the four foundations of mindfulness (*cattāro satipaṭṭhāna*) and any action that moves him away from *cattāro satipaṭṭhāna* should mindfully be avoided with a clear comprehension of the domain (*Gocarasampajañña)*. An individual who engages in the path to liberation from alcohol or drugs should always be in the recovering mood (locus of contemplative action), without coming out of that mood and engaging in activities that reverse the cognitive transformation process. Wherever he moves, whatever activity he engages with he should always contemplate that he is on the path to recovery from alcohol or drugs. With clear comprehension of the domain (*Gocarasampajañña),* he should avoid parties that serve alcohol or drugs, meet friends who could promote alcohol or drug use, or keep alcohol bottles or cigarette packets at home. He should avoid any activity that promotes alcohol tobacco or drug use with mindfully and clear comprehension of the domain (*Gocarasampajañña)* until his mind, is fully liberated from alcohol or drugs. The way to contemplate his meditation objects (*kammaṭṭhāna*) which are the thoughts of liberation from alcohol and drugs should be utmost in mind (*kammaṭṭhāna sīsenava),* attending only to the thought of that meditation (*kammaṭṭhānam manasikarontova),* just with his subject of meditation in the forefront of the mind (*kammaṭṭhāna mukheneva)* and keeping to the thought of meditation (*kammaṭṭhānam avijahanto)*.

Clear comprehension of non-delusion (*Asammohasampajañña);* With this knowledge, the meditator does not get deceived or confused by anything coming toward him. The alcohol or tobacco industry and drug mafia try to deceive the public, especially the young people, and alcohol and drug users have become prey of the said industries. Individual who is progressing on the path to liberation from alcohol or drug use must always be aware of such tobacco alcohol or drug promotions and apply clear comprehension of non-delusion (*Asammohasampajañña)* on activities he engaged with, from his body or what he sees, hear, read, talk, or think about alcohol and drugs.

The sections of Reflection on Repulsiveness and the Nine Cemetery Contemplations

In the sections of Reflection on Repulsiveness of the body first, the meditator becomes aware of 32 body parts by reflecting on the body as;

'*atthi imasmiṃ kāye kesā lomā nakhā dantā taco maṃsaṃ nhāru aṭṭhi aṭṭhimiñjaṃ vakkaṃ hadayaṃ yakanaṃ kilomakaṃ pihakaṃ papphāsaṃ antaṃ antaguṇaṃ udariyaṃ karīsaṃ pittaṃ semhaṃ pubbo lohitaṃ sedo medo assu vasā kheḷo siṅghāṇikā lasikā muttam (matthalunganti).*

'in this body, there are head-hairs, body-hairs, nails, teeth, skin, flesh, sinews, bones, bone-marrow, kidneys, heart, liver, diaphragm, spleen, lungs, bowels, mesentery, contents of the stomach, faeces, bile, phlegm, pus, blood, sweat, fat, tears, grease, spittle, snot, oil of the joints, and urine (and brain).'

In the cemetery contemplation, monks are advised firstly to contemplate one, two, or three days old dead bodies swollen, blue, and festering, thrown onto the cemetery. So, the meditator applies this perception to his own body thinking "verily, my body, too is of the same nature, such it will become and will not escape it. Next, the monks are instructed to see a body thrown onto the cemetery, being eaten by crows, hawks, vultures, dogs, jackals, or by different kinds of worms, and contemplate it. Then the monks will contemplate a dead body reduced to a skeleton with some flesh and blood attached to it. This carnal ground contemplation continues further in nine stages until the dead body turns to a skeleton without flesh and blood, held together with sinews … disconnected bones scattered in all directions … bones bleached white, the colour of shells … bones heaped up, more than a year old … bones rotten and crumbling to dust – he compares this same body with it thus: 'this body too, is of the same nature, it will be like that, it is not exempt from that fate.

Contemplating Alcohol or Drug Effects on the Body

In this way, in regard, the effects of alcohol tobacco, or drugs on the body could be contemplated internally, externally, or both internally and externally by the individual who entered into the path of liberation from alcohol or drugs. He can contemplate as follows;

- In this body there is the brain which deals with thoughts, and memory and coordinates the other body organs.
- In this body there is the nose that helps to sense smell.
- In this body there are ears that help to hear.
- In this body there is the tongue that helps to taste
- In this body there are eyes to see
- In this body there is skin that covers the inside and helps to feel
- In this body there is the heart that circulates blood.
- In this body there are lungs to breath
- In this body there is blood
- In this body there are bones
- In this body there are mussels
- In this body there is a liver to help
- In this body there are kidneys that help to remove waste.
- In this body there is an immune system to protect the body from germs.

After having awareness of the body and the body organs, individuals can develop their meditation process by contemplating the harm caused by alcohol and drugs to each body organs.

- In this body there is the brain which deals with thoughts, and memory and coordinates the other body organs. Alcohol and drugs make it harder for the brain areas to control balance, memory, and speech, resulting in a higher likelihood of injuries and other negative outcomes. Heavy drinking or drug use causes alterations in the neurons, such as reductions in their size. As a result of these and other changes, brain mass shrinks and the brain's inner cavity grows bigger.
- In this body there is a nose that helps to sense smell. Alcohol or drug use and smoking impair sensing smell.
- In this body there are ears that help to hear. Alcohol and drugs impair hearing and
- In this body there is the tongue that helps to taste. Alcohol drugs and smoking destroys taste buds.
- In this body there are eyes to see. After using alcohol or drugs the vision gets blurry.
- In this body there is skin that covers the inside and helps to feel. The skin becomes pale and discoloured.
- In this body there is the heart that circulates blood. With alcohol or drug use, the heart's ability to pump blood reduces. Smoking speeds up the clogging and narrowing of coronary arteries which leads to a heart attack.
- In this body there are lungs to breathe. Alcohol or drug use and smoke damage the lungs which lead to lung diseases and lung cancer.
- In this body there is blood. Alcohol and drugs cause high blood pressure and lower red blood cell count.
- In this body there are bones. Alcohol or drug use affects bone density, leading to thinner bones and increasing the risk of fractures if falls. Weakened bones may also heal slower.
- In this body there are mussels. Drinking alcohol can also lead to muscle weakness, cramping, and eventually atrophy.
- In this body there is a liver to help digest fat and create a nontoxic environment inside the body. Alcohol and drugs damage the liver and lead to liver inflammation including fatty liver, fibrosis, alcohol hepatitis, and cirrhosis.
- In this body there are kidneys that help to remove waste and extra fluid from the body. Alcohol and drugs damage the kidneys and disrupt their proper functioning.
- In this body there is an immune system that protects the body from germs. Alcohol and drugs weaken the immune system.

These are only some examples that could be engaged in by the individual in the path to liberate his mind from alcohol tobacco or drugs. Most people have heard about the dangers of alcohol tobacco or drugs and their adverse effects on body organs only superficially. They do not pay much attention or deeply think about it. This kāyānupassana meditation contemplates the effects of alcohol and drugs on body organs and will develop *chintamaya paññā* and meditative wisdom *bhvanāmaya paññā* on alcohol and drugs.

Contemplation of Feeling (Vēdananupassana)

Kathañca pana, bhikkhave, bhikkhu vedanāsu vedanānupassī viharati? Idha, bhikkhave, bhikkhu sukhaṃ vā vedanaṃ vedayamāno 'sukhaṃ vedanaṃ vedayāmī'ti pajānāti; dukkhaṃ vā vedanaṃ vedayamāno 'dukkhaṃ vedanaṃ vedayāmī'ti pajānāti; adukkhamasukhaṃ vā vedanaṃ vedayamāno 'adukkhamasukhaṃ vedanaṃ vedayāmī'ti pajānāti;

And how, monks, does he regarding feelings abide contemplating feelings? "Here, when experiencing a pleasant feeling, he knows 'I feel a pleasant feeling'; when experiencing an unpleasant feeling, he knows 'I feel an unpleasant feeling'; when experiencing a neutral feeling, he knows 'I feel a neutral feeling.'

Feeling (*Vedanā*); is the mental factor that feels and enjoys the taste of the sense object when it comes in contact (*Phassa*) with the senses. It is the effective mode in which the object is experienced as pleasurable, painful, or neutral. Its usage in the *vedanā* comprises both bodily and mental feelings. Meditators who contemplate or note the pleasantness, unpleasantness, or neutrality of feelings are engaged in Contemplation of Feeling (*Vēdananupassana*). The meditator has to look at the feeling objectively, just as a feeling and not as the feeling of the person. He has to look at the feeling with clear comprehension and mindfully (*sampajañño satimā*). If not, due to distortion (*vipallāsa*) he may consider an unpleasant feeling as a pleasant feeling. In the meditation, when the meditator experiences a good or pleasant feeling, he has to say or think "good good good" or "pleasant pleasant pleasant". When he experiences an unpleasant feeling, he has to contemplate "unpleasant unpleasant unpleasant". This is a method of directing awareness to the very first stages of the arising of likes and dislikes, by clearly noting whether the present moment's experience is felt as "pleasant", "unpleasant", or neither (neutral).

As Bhikkhu Anālayo mentioned about *Vēdananupassana* in his book Satipatthana the direct path to realization is as follows; "*Thus to contemplate feelings means quite literally to know how one feels, and this with such immediacy that the light of awareness is present before the onset of reactions, projections, or justifications regarding how one feels. Undertaken in this way, contemplation of feelings will reveal the surprising degree to which one's attitudes and reactions are based on this initial affective input provided by feelings". The systematic development of such immediate knowing will also strengthen one's more intuitive modes of apperception, in the sense of the ability to get a feel for a situation or another person. This ability offers a helpful additional source of information in everyday life, complementing the information gained through more rational modes of observation and consideration.*

Individuals entered into the path of liberation from alcohol tobacco and other drugs could engage in basic Vēdananupassana as explained above and then contemplate the real alcohol or drug experience they had internally (*ajjhattaṃ*) or contemplate another person's alcohol or drug experience externally (*bahiddhā)* and this contemplation of feeling could be done subjectively or objectively. He can question bringing the past experience to the present as follows;

1. How did I feel about the alcohol or drug experience in my head?
2. How did I feel about the alcohol or drug experience in my nose?
3. How did I feel about the alcohol or drug experience on my tongue?
4. How did I feel about the alcohol or drug experience in my body?
5. How did I feel alcohol or drug experience in my stomach?

He can contemplate objectively or think about another person by questioning as follows;

1. How does someone feel about the alcohol or drug experience in his head?
2. How does someone feel alcohol or drug experience in his nose?
3. How does someone feel alcohol or drug experience on his tongue?
4. How does someone feel about alcohol or drug experience in his body?
5. How does someone feel alcohol or drug experience in his stomach?

The Buddhist psychotherapist or kalyāna mitta can help him to identify the real effects of alcohol or drugs on his or any other person's body. It could be summarized in the following chart.

***Vēdananupassanā* Contemplating on the feeling of alcohol experience (*ajjattika bahijjā*)**

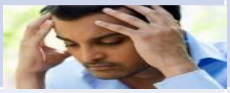
		Observing the feeling with mindfulness Present/past/ ajjattika/ bahijjā	Classification of feeling
Nose	*ghāna*	Stinky, Strong aroma,	*Dukkha Dōmanassa*
Tongue	*Jivha kāya*	Bitter, Dry Mouth, **feel** irritated and dry Burning sensation in throat	*Dukkha Dōmanassa*
Head	*kāya*	Little pain in head, Headache, Heavy headedness, rotating feeling, drowsy 	*Dukkha Dōmanassa*
Body	*kāya*	Decline in energy and liveliness, impaired coordination, unbalance, warm flushing of the skin, itchiness, slow,	*Dukkha Dōmanassa*
Stomach	*kāya*	Nausea, Vomiting	*Dukkha Dōmanassa*

Fig 11

Through the contemplation of feeling (*vēdananupassana*) the individual on the path will realize that the real experience of alcohol or drugs is unpleasant, boring, and suffering (*dukkha, dōmanassa*). Further contemplation deeply on this unpleasantness of alcohol or drugs will be able to liberate his mind from alcohol or drugs through the *vimōksha mukha* of *appanīhita*. Satipaṭṭhāna Sutta explains this deep practice as follows;

sāmisaṃ vā sukhaṃ vedanaṃ vedayamāno 'sāmisaṃ sukhaṃ vedanaṃ vedayāmī'ti pajānāti; nirāmisaṃ vā sukhaṃ vedanaṃ vedayamāno 'nirāmisaṃ sukhaṃ vedanaṃ vedayāmī'ti pajānāti; sāmisaṃ vā dukkhaṃ vedanaṃ vedayamāno 'sāmisaṃ dukkhaṃ vedanaṃ vedayāmī'ti pajānāti; nirāmisaṃ vā dukkhaṃ vedanaṃ vedayamāno 'nirāmisaṃ dukkhaṃ vedanaṃ vedayāmī'ti pajānāti; sāmisaṃ vā adukkhamasukhaṃ vedanaṃ vedayamāno 'sāmisaṃ adukkhamasukhaṃ vedanaṃ vedayāmī'ti pajānāti; nirāmisaṃ vā adukkhamasukhaṃ vedanaṃ vedayamāno 'nirāmisaṃ adukkhamasukhaṃ vedanaṃ vedayāmī'ti pajānāti;

"When feeling a worldly pleasant feeling, he knows 'I feel a worldly pleasant feeling'; when feeling an unworldly pleasant feeling, he knows 'I feel an unworldly pleasant feeling'; when feeling a worldly unpleasant feeling, he knows 'I feel a worldly unpleasant feeling'; when feeling an unworldly unpleasant feeling, he knows 'I feel an unworldly unpleasant feeling'; when feeling

a worldly neutral feeling, he knows 'I feel a worldly neutral feeling'; when feeling an unworldly neutral feeling, he knows 'I feel an unworldly neutral feeling.'

Pleasant worldly feelings (*sāmisa*) are connected with what comes across in life in the form of sight, sound, smell, taste, thought, or things that individual thinks belong to him. An individual should understand that alcohol or drug use impairs the experiencing of worldly pleasure. Wisdom the individual gains that alcohol or drugs impair happiness is an important awareness for free from alcohol or drugs. An individual can enjoy this *sāmisa sukha* when he abstains from using alcohol or drugs in a situation when others normally use alcohol such as parties and festivities. When a meditator engages in meditation to develop a good concentration and experience the rising and fading away of things without attachment, he becomes happy and this experience is an unworldly pleasant (*nirāmisa sukha*) experience. When someone completely liberated his mind from alcohol and drugs, he will enjoy this unworldly pleasant experience because it is on the path of renunciation. As discussed before, the physical experience of alcohol or drugs in the body is a worldly unpleasant experience (*sāmisa dukkha*) and the dependency developed towards alcohol and drugs could be labelled as an unworldly unpleasant (*nirāmisaṃ dukkhaṃ)* experience. When someone is fully liberated from alcohol or drugs alcohol or such drugs become just a chemical, where he does not attract or repulse the substance. Probably they may get a neutral feeling when they see such alcohol or drugs.

Contemplation of Consciousness (Cittānupassana)

In this meditation, individuals look at the mind and identify what kind of consciousness has arisen at that moment. In Buddhist psychology, the mind is divided into two, consciousness (*citta*) and the mental factors (*cētasika*) that give colour to the consciousness. When observing consciousness, the meditator has to mental factors and identify them. The Satipaṭṭhāna Sutta explains the way of observing the consciousness as follows.

Kathañca pana, bhikkhave, bhikkhu citte cittānupassī viharati? Idha, bhikkhave, bhikkhu sarāgaṃ vā cittaṃ 'sarāgaṃ citta'nti pajānāti, vītarāgaṃ vā cittaṃ 'vītarāgaṃ citta'nti pajānāti; sadosaṃ vā cittaṃ 'sadosaṃ citta'nti pajānāti, vītadosaṃ vā cittaṃ 'vītadosaṃ citta'nti pajānāti; samohaṃ vā cittaṃ 'samohaṃ citta'nti pajānāti, vītamohaṃ vā cittaṃ 'vītamohaṃ citta'nti pajānāti; saṃkhittaṃ vā cittaṃ 'saṃkhittaṃ citta'nti pajānāti, vikkhittaṃ vā cittaṃ 'vikkhittaṃ citta'nti pajānāti; mahaggataṃ vā cittaṃ 'mahaggataṃ citta'nti pajānāti, amahaggataṃ vā cittaṃ 'amahaggataṃ citta'nti pajānāti; sauttaraṃ vā cittaṃ 'sauttaraṃ citta'nti pajānāti, anuttaraṃ vā cittaṃ 'anuttaraṃ citta'nti pajānāti; samāhitaṃ vā cittaṃ 'samāhitaṃ citta'nti pajānāti, asamāhitaṃ vā cittaṃ 'asamāhitaṃ citta'nti pajānāti; vimuttaṃ vā cittaṃ 'vimuttaṃ citta'nti pajānāti, avimuttaṃ vā cittaṃ 'avimuttaṃ citta'nti pajānāti.

"And how, monks, does he in regard to the mind abide contemplating the mind? "Here he knows a lustful mind to be 'lustful', and a mind without lust to be 'without lust'; he knows an angry mind to be 'angry', and a mind without anger to be 'without anger'; he knows a deluded mind to be 'deluded', and a mind without delusion to be 'without delusion'; he knows a contracted mind to be 'contracted', and a distracted mind to be 'distracted'; he knows a great mind to be 'great', and a narrow mind to be 'narrow'; he knows a surpassable mind to be 'surpassable', and an unsurpassable mind to be 'unsurpassable'; he knows a concentrated mind to be 'concentrated',

and an unconcentrated mind to be 'unconcentrated'; he knows a liberated mind to be 'liberated', and an unliberated mind to be 'unliberated.

Individuals entered into the path to liberate their minds from alcohol or drugs could observe their minds and identify what kind of consciousness has arisen with regard to alcohol or drugs. When consciousness has arisen with a craving attachment or greed (lobha), they have to identify it as a citta with lust for alcohol or drugs. They can further identify the mental factors such as wrong view (diṭṭhi), conceit (māna), *ahirika,* or *anottappa* apply in this consciousness. When the individual is exposed to a situation where alcohol and drugs are available such as a party and he remains abstaining from using such substances, the consciousness arises at that time without lust for alcohol (*vītarāgaṃ citta*). Individuals must know that consciousness is without lust for alcohol or drugs. Sometimes individuals may get a thought with the wrong view which is a positive outcome expectancy on alcohol or drug. Then the individual must know it is a consciousness with delusion *(samohaṃ cittaṃ*). When consciousness arises without any positive outcome expectancies or myths about alcohol or drugs, he should recognize it as consciousness without delusion. Individuals entered into the path to liberate their minds from alcohol or drugs should be able to identify and notice alcohol or drug promoting consciousness and alcohol or drug demoting or demystifying consciousness. Sometimes this simple awareness of thoughts could free the mind from alcohol or developing wisdom (*paññа*) through vipassana meditation will make the necessary cognitive transformation for achieving a liberated mind from alcohol and drugs. With wisdom (*paññа*) individuals can make their thought corrections as follows;

Cognitive transformation through Cittānupassana

Wrong Expectancies of alcohol or drug use Ditthi Vipallasa	Reality Replace the thought with Paññа
Alcohol helps to Forget Problems	Problem Aggravates and New problems arise
Alcohol helps to Ease Tiredness	Tiredness Increases, sleeplessness
Alcohol use is Pleasurable	Unpleasant Experience, Boring, Impairs happiness
Alcohol helps to Relaxed	Alcohol increase Tension
Alcohol helps to Increase Self Confidence	Dependent on the Drug, lack self-confidence
Enhance Sexual Desire	Decrees Sexual Desire
Chemically dependent, cannot stop	Psychologically dependent, can stop

Table 5

Bringing About a Cognitive Change through Contemplation of Dhammas (Dhammānupassana) 12

Creating cognitive change is a central component in the process of guiding alcohol tobacco, heroin, or other drug users to correct the view *(ditthi*) they already hold on those substances. Developing the right view often does not happen naturally. Rather the right view on drugs should be developed by enhanced wisdom (*paññ*a) through making appropriate interventions. Even though a user may be able to stop using drugs, only through developed virtue (*sīla*) if he/she does so without developing the proper mental changes and cognitive restructuring, his/her sobriety may not last for long. According to Buddhist psychology, four establishments of Mindfulness are the path to this cognitive restructuring. Contemplation of Dhamma (*Dhammānupassana*) is the final method of Satipatthana that is most helpful for the said cognitive restructuring. Contemplation of dhamma starts with analyzing the nature of craving for alcohol or drugs

Dhammānupassanā nīvaraṇapabbaṃ

‘‘Kathañca, bhikkhave, bhikkhu dhammesu dhammānupassī viharati? Idha, bhikkhave, bhikkhu dhammesu dhammānupassī viharati pañcasu nīvaraṇesu. Kathañca pana, bhikkhave, bhikkhu dhammesu dhammānupassī viharati pañcasu nīvaraṇesu? ‘‘Idha, bhikkhave, bhikkhu santaṃ vā ajjhattaṃ kāmacchandaṃ ‘atthi me ajjhattaṃ kāmacchando’ti pajānāti, asantaṃ vā ajjhattaṃ kāmacchandaṃ ‘natthi me ajjhattaṃ kāmacchando’ti pajānāti; yathā ca anuppannassa kāmacchandassa uppādo hoti tañca pajānāti, yathā ca uppannassa kāmacchandassa pahānaṃ hoti tañca pajānāti, yathā ca pahīnassa kāmacchandassa āyatiṃ anuppādo hoti tañca pajānāti.

“And how, monks, does he regarding dhammas abide contemplating dhammas? Here in regard to dhammas, he abides in contemplating dhammas in terms of the five hindrances. And how does he in regard to dhammas abide by contemplating dhammas in terms of the five hindrances? “If the sensual desire is present in him, he knows ‘there is a sensual desire in me’; if the sensual desire is not present in him, he knows ‘there is no sensual desire in me’; and he knows how unraised sensual desire can arise, how arisen sensual desire can be removed, and how a future arising of the removed sensual desire can be prevented.

When adopting this to an alcohol and drug treatment setting, the individual must understand his sensual desire or craving for the substance. He has to become his own therapist to get his mind liberated from alcohol or drugs. In achieving that, he must understand how the craving or sensual desire for alcohol or drugs has arisen in him, assessment of the level of severity of that craving or sensual desire, and the way the sensual desire or attachment to alcohol or drugs could be removed. He must understand how a future arising of the removed sensual desire or craving for alcohol or drugs can be prevented.

Several contributing factors create a positive attitude of the drug user towards drug use.

1. The wrongly perceived belief system regarding alcohol or drugs.
2. The esteem with which users perceive alcohol or drugs due to value attachment.
3. The attraction, craving, or desire (*kāmacchanda*) towards alcohol or drugs.
4. The extent of the bond (*bandana*) or attachment between drugs and the user.

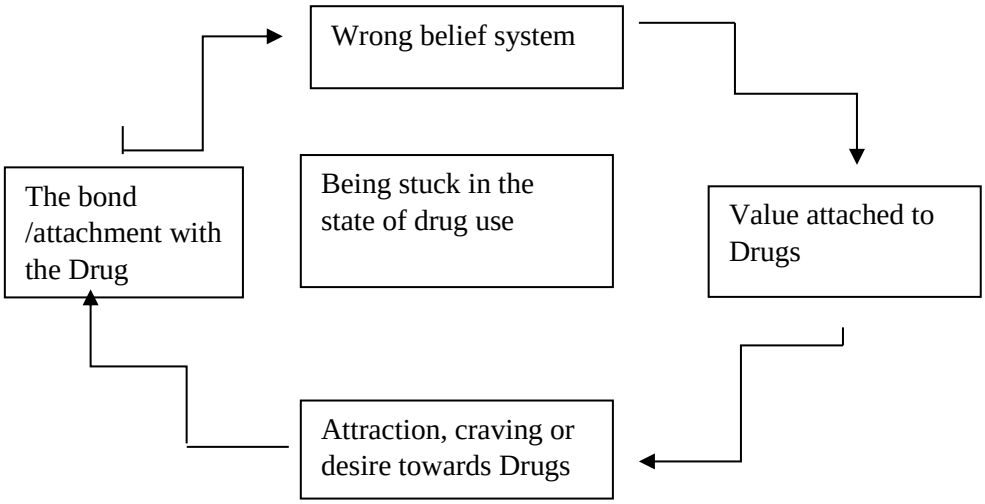

Wrong belief system
The bond /attachment with the Drug
Being stuck in the state of drug use
Value attached to Drugs
Attraction, craving or desire towards Drugs

Fig. 12: The Mental State of Drug Users Heavily Dependent on Drugs

Correcting Drug-Related Misperceptions (*miccā ditthi*)

Alcohol or drug use is not an illness that came from outside but an acquired state resulting from gradually becoming accustomed to a particular habit or an *Acquired Motivational State*. Therefore, getting accustomed to using alcohol or drugs and becoming imprisoned in the habit are brought about by an erroneous learning system. It could also be brought about by what an individual has learned through conditioning and emulation as well as learned from one's parents, friends, books, magazines, and expectations built on other forms of social learning that alcohol and drugs are great.

When correcting the users' existing belief systems, it is important to identify their expectations of drug use which exist in their memory (*mano dhatu*) as scattered clusters of stimuli such as events, objects, and certain people. The drug user constructs concepts by connecting these clusters or cognitive nods. The diagram below (Fig. 4) shows an example of how wrongly held expectations are connected in this way to form a larger set of expectations that is triggered off in the minds of the users at the mention of drugs. In the middle, the word heroin is there connected to various images associated with it. He develops thoughts (*vitakka*) and finally a concept (*papañca*) regarding heroin. When

the user sees heroin or hears the word heroin, he wrongly develops a *papañca* as explained in Madupindika Sutta.

Cakkhuñcāvuso, paṭicca rūpe ca uppajjati cakkhuviññāṇaṃ, tiṇṇaṃ saṅgati phasso, phassapaccayā vedanā, yaṃ vedeti taṃ sañjānāti, yaṃ sañjānāti taṃ vitakketi, yaṃ vitakketi taṃ papañceti, yaṃ papañceti

"Eye-consciousness arises on the basis (paccaya) of the eye and form; and the three together constitute contact (phassa), from the condition of contact there is a sensation of experience (vedanā). Where there is experiencing (vedeti) there is awareness (sañjānāti); with awareness, there is thinking (vitakka); where there is thinking there is proliferation (papañceti).

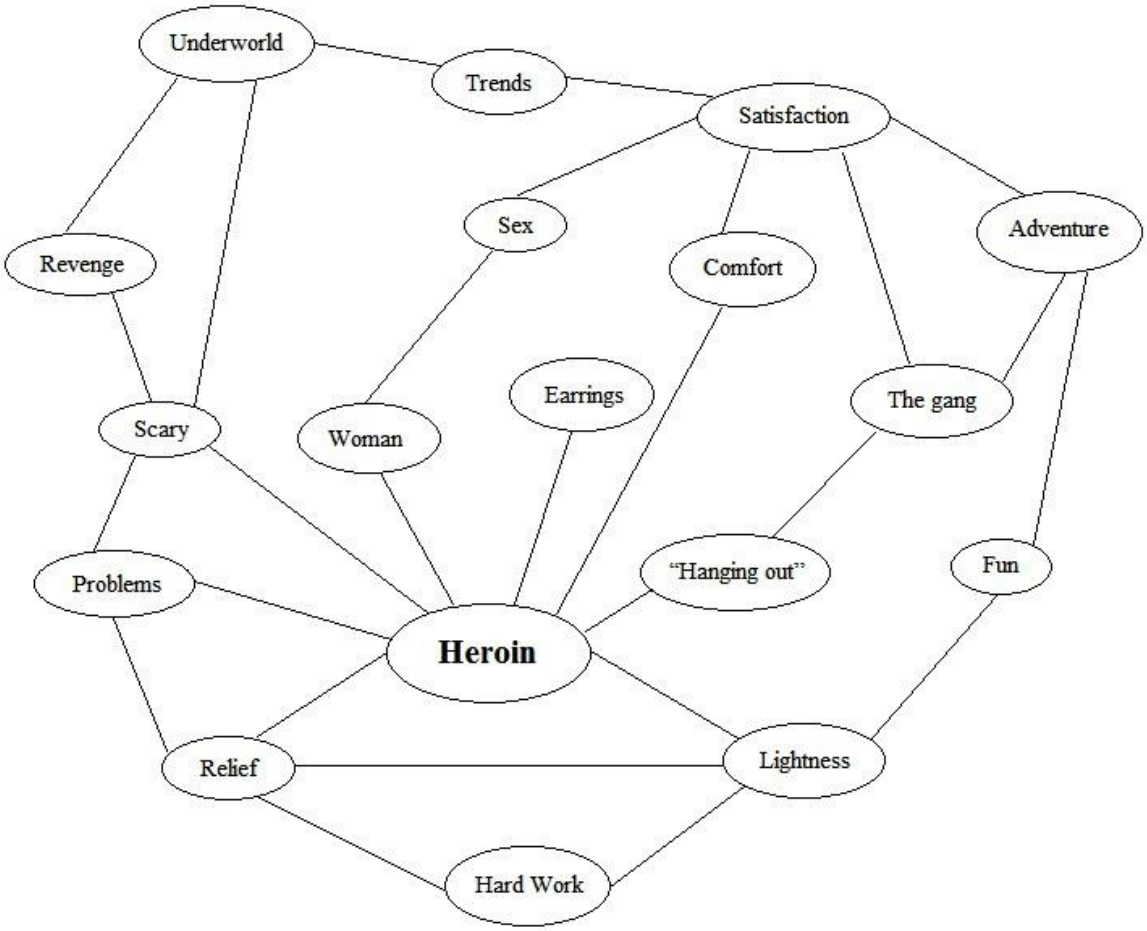


Fig. 13: The Mental Construction of the Expectations of Heroin in the Minds of Users

In this way, heroin users may form various conceptual beliefs such as:

- "When I use heroin, I can have lots of fun with the gang. We can perform any feat together or get into any kind of mischief when we use heroin."
- "When I have a problem and I use heroin, I feel very relieved."

On the other hand, the various clusters of negative outcome expectations in the minds of those who have gained the right view of heroin through a developed mind from Satipaṭṭhāna, at the mention of the word "heroin" could be presented as shown in the following diagram (Fig. 5).

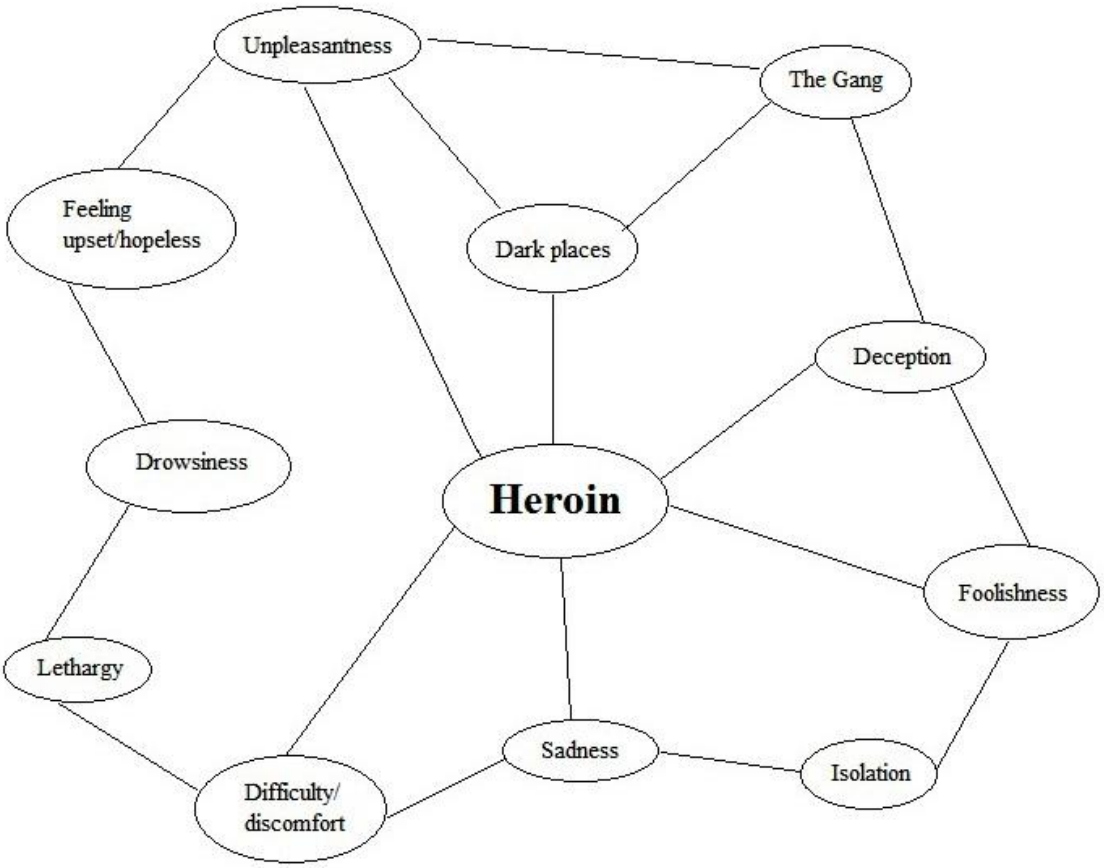


Fig. 14

: The Mental Construction of the Expectations of Heroin in the Minds of Users Who Have become Free from Heroin Use through the developed mind

A few thoughts (*vitakka*) based on the above expectations can be shown as follows.

- "Using heroin causes discomfort, it makes people very unhappy."
- "When you use heroin, it makes you sleepy and lethargic so you can't do much work."
- "It is foolish to get together in a shady place and use heroin."

To create the desired cognitive change, challenging the clusters of beliefs of alcohol or drug users and replacing them with an accurate view of drugs is an essential intervention on the part of those providing help. While the challenges thus posed should be very forceful to significantly shake the existing belief systems of the drug users, concepts and beliefs should be restructured in a way that they facilitate the progress towards a liberated mind from alcohol or drugs.

Once users build an accurate picture of negative outcome expectancies on alcohol or drugs, engaged in Dhammānupassana, it can be expected that they would be able to abandon the use of the substance without much difficulty. Understanding or knowing the way of arising craving (*kāmacchanda*) for alcohol or drugs can be achieved through the following methods. The Buddhist Psychotherapist or kalyāna mitta can help the individual to think in the following areas.

1) Identification of the beliefs and attitudes that kept the users in the habit of using alcohol or drugs:

- What they heard about alcohol heroin or other drugs
- What they have observed
- What they have learned - both formally and informally
- What they have been taught (deliberately by others) about drugs

(The above should be inquired into and the drug users should be motivated to identify the false expectation, beliefs, ideas, and attitudes that they hold over alcohol or drugs.)

1. Conducting discussions with the users in a way that shows them the illogical and irrational nature of the false beliefs and expectations concerning alcohol cannabis heroin or other drugs

2. Challenging the user's most strongly held false expectations on their drug use

3. Breaking down the erroneous thoughts that the users strongly cling to using the Questioning Method (*puccā*)

4. Encouraging users to question the variations in their experiences with the use of drugs

Some of the false beliefs concerning alcohol and drugs have already been discussed in Chapters 2, 3, and 4. The therapist must identify among these, any beliefs they may hold that require changing.

The Decline of the Attraction towards Alcohol or Drugs

Alcohol heroin or other drugs become more attractive because of the false attitudes and beliefs that have been created surrounding them. A key step towards guiding users towards freedom from heroin is to ensure that they cease to find heroin attractive. This may be done by:

1. Changing the positive expectations on the feelings or other effects of alcohol heroin or drugs.
2. Changing the extent to which alcohol or drugs has become normalized as part of the users' daily routine.
3. Changing the extent to which alcohol heroin or drugs has come to be perceived as powerful/special.
4. Changing the extent to which alcohol heroin or other drug use has become a compulsory ritual.
5. Changing the extent to which the user is under the control and in awe of the drug racket.

Buddhist Psychological methods for Cognitive Transformation of Alcohol and Drug Users

13

As discussed in previous chapters Buddhist psychological interventions suitable for helping the alcohol and drug users are scattered in Vinaya sutta and Abhidhamma the early Buddhist texts and this book has been developed referring to those methodologies for any Buddhist monk, or for persons with a knowledge of Buddhism to be a kalyāna mitta and help alcohol tobacco or drug user to overcome the drug problem and liberate his mind from alcohol and drugs. Any psychotherapist or psychologist also could easily understand the Buddhist methods and use them with clients as an alternative approach. Most of these methods are universal and not limited to one religion. This chapter summarizes some Buddhist approaches to cognitive transformation for liberating the mind from alcohol or drugs with practical examples based on Vitakkasaṇtāna sutta and Sabbhāsava sutta of Majjima Nikāya.

Vitakkasaṇtāna sutta- Removal of Distracting Thoughts (MN)

Attraction and craving toward alcohol or drugs are mind-made, so the addiction or dependency developed on a substance. Alcohol or drug use intentions are unwholesome thoughts that have to be removed in the process of recovery. Vitakkasaṇtāna sutta describes five methods of removing or overcoming unwanted unwholesome cognitions or thoughts in developing the higher mind (*adhicitta*) and these methods could be utilized when developing the mind liberated from alcohol or drugs. Let's go through the Vitakkasaṇtāna sutta with Bhikkhu Bodhi's translation.

1) When a monk directs his attention to something, as a result, if unwholesome thoughts of **greed**, **hatred**, and **delusion** arise in him, by knowing that thoughts of greed, hatred, and delusion have arisen in him, **the monk should redirect his attention to something wholesome**. As a result of doing this, the unwholesome thought arising in him subside; his mind gets stable, calm, unified, and concentrated. It is just as a carpenter or his apprentice removes a coarse nail by using a sharp nail, the monk eliminates unwholesome thoughts by developing wholesome thoughts.

As the unwholesome or unskillful thought is too strong to remove, instead of attempting to get rid of that thought, the individual has to focus his attention on an opposite wholesome object. This means that if the unwanted cognition is associated with lust, one should think of something promoting lustlessness or renunciation; if it is associated with hatred, one should think of something related to loving-kindness; and if it is something associated with delusion or confusion, one would think of something promoting clarity. This is the thought switching or thought substitution that replaces the unwanted thought. The Buddhist technique has the added refinement that the thought to

be switched to should be both incompatible with the original one and a wholly acceptable one in its own right. Some examples could be elaborated as follows;

Unwholesome or unskilled thought; I must have a drink in the evening

Replaced wholesome or skilled thought; I must help my son's studies in the evening.

Unwholesome or unskilled thought; Alcohol helps to forget problems, so I must go and have a drink.

Replaced thought; Alcohol aggravates and increases problems, so I should abstain from using alcohol.

Unwholesome or unskilled thought; Alcohol helps me to relax so I must have a drink after this heavy work.

Replaced wholesome thought; I will be more tired after using alcohol so I must not use alcohol.

Thought (image) Substitution

Also known as Memory Re-scripting, this method involves, asking users to construct a mental image of a situation that they consider frightening or that they are unable to face and to substitute it with a mental image that is more pleasant and positive. They are then given exercises on this substitution of mental images. For example, users who are afraid to stop their use of heroin could be asked to build a mental image of themselves living happily with their families when they are free from heroin use.

The image substitution method can be used as a means of challenging and correcting the beliefs and expectations that users hold toward their habit of using heroin. The expectations of heroin users enable them to create a mental image of an instance in which they refuse to abandon the use of heroin and experience a high degree of discomfort. Their expectations of heroin are then confronted directly when they immediately replace the first mental image with the alternative positive image in which they envision feeling happy and comfortable without the use of heroin. The repeated substitution of mental images in this way gradually weakens the users' expectations of heroin. Users could also be asked to create and ponder on a mental image of other users who suffer following the use of heroin. They could create images of the aspects of the act they had once considered to be enjoyable, for instance, the trouble that they took to acquire the money to purchase heroin, the dark and miserable nature of the place at which they gathered to use heroin, the trembling of the hand while using heroin, the foolish expression that appears on the faces of the users, the unpleasant taste of heroin, and the vomiting, the dizziness, and the extreme feeling of drowsiness that occur immediately after heroin use. Users could then be asked to visualize and contemplate these images.

There may be some users who fear that their lives would be dull and monotonous once they abandon the use of heroin. These users could be urged to imagine leading active and fulfilling lives when they become completely free from heroin use. Users who fear that they would not be accepted by others could replace negative mental images with images of themselves living happily with their family and participating in solving problems at home. They could imagine a scene in which they are accepted by others outside the home, and in which they play a major role in accomplishing tasks at their workplace and in other projects in their villages.

The substitution of negative thoughts with positive ones could be done as shown below.

Image Substitution

Negative Thoughts	Substituting Thoughts
Stop using heroin. It is a harmful addiction.	Refraining from using heroin is easier than using it. It has always been easier not to do something than to put effort into doing it.
I tried to stop using heroin before, but I failed.	I failed because I did not follow a proper system in stopping my use of heroin. It was not because of any power that heroin is supposed to have.
I am powerless before heroin.	Why should I be powerless before anything? I have the strength to do what I want.
When I stop using heroin, I feel a lot of pressure.	I am moving towards my goal and I am doing so with pleasure.
I have to put in a lot of effort to stop using heroin because it is such a powerful drug.	Heroin is just an ordinary chemical and therefore, it is not necessary to put in much effort to stop using it. I will stop using heroin because I want to.
I may become isolated when I stop using heroin.	When I use heroin, I feel weak and lonely. How can anyone become lonely again after being freed from this loneliness? There is no reason to be lonely after I am freed from my use of heroin. If I am a strong person, there is no reason for others to isolate me either.
When I lose my friends (who use heroin), I will lose my protection.	Why do I need protection if I am strong? How can my friends, who are weak, give me protection? I will make the support of my family my strength.

If I do not use heroin, I will get cut off from the group.	Remaining in the group or leaving the group is not a problem for me.
I am afraid to look back at my past.	I am free from heroin use. It does not matter to me if I am judged by others. I do not need to hide anymore.
Everybody uses heroin.	Not everyone uses heroin. Only those who have been tricked into using heroin do so. This will not affect me.

Table 6

Distraction

Distraction is also a process where the individual's unwholesome or unskillful thinking regarding alcohol or drugs could be replaced with another positive thought by engaging the individual in different behaviour. Here, users are encouraged to engage in behaviors that distract them whenever they experience physical or mental discomfort as a result of abstaining from using alcohol heroin o,r any other drug. Service providers could for example:

- Encourage heroin users to bathe, shout to a particular rhythm, engage in sports, or engage in simple physical exercises whenever they experience discomfort from abstaining from heroin. Ensure that users are kept comfortable when they suffer from withdrawal symptoms.

- Introduce activities such as sports that would interest the users and result in them delaying their sessions of heroin use.

- Encourage the users to spend the time that they usually spent with their heroin-using peers with families and good friends (who do not use heroin) instead.

- Encourage the users to engage in ways that would enable them to win the love and affection of others.

- Guide the users to maintain a pleasant physical appearance.

- Channel the users into various hobbies according to their areas of interest such as learning to play a musical instrument, maintaining a fish tank, collecting stamps, or repairing electronics.

- Encourage the users to listen to or sing their favorite song whenever they feel the urge to use heroin.

It should be noted that this method could be weak and ineffective if it is used without creating the necessary mental changes in the users. This is because any lapse in the strategies employed for distracting users may weaken and gradually break down the entire recovery process.

2. If a monk finds that unwholesome thoughts of greed, hatred, and delusion arose in him are not eliminated by redirecting his attention to wholesome thoughts, then **he should investigate the dangers of having unwholesome thoughts; the unwholesome thoughts are blameworthy and lead to suffering.** As a result of doing this, his mind gets stable, calm, unified, and concentrated. As a young man or a woman fond of wearing ornaments gets horrified by having to wear a carcass around the neck, the monk gets horrified by investigating the dangers of having unwholesome thoughts and eliminates unwholesome thoughts.
This is to ponder on the disadvantages or scrutinize the perils of the arisen thoughts. When an alcohol or drug-promoting thought comes to mind, it could be neutralized by thinking of the disadvantages of using alcohol or drugs. Facts that how many people die in the country due to alcohol tobacco or drug use or focusing on financial outlay also could be utilized to inform the user of the dangers. Alcohol or drug use thoughts also could be attacked with shame.

Shame Attacking Exercises

Shame Attacking Exercises could be used when working with the shyer and more sensitive users who tend to experience a high level of anxiety and apprehension at having to perform certain activities. The method involves placing users in situations in which they are compelled to tackle their feelings of anxiety and apprehension by publicly engaging in behaviour that is deliberately bizarre. They could be made, for example, to wait at a railway station for approaching trains and to stand up and shout out their names every time a train passes by. A few more examples of Shame Attacking Exercises are:

- Instructing users to stand up before a group and openly describe their experiences of heroin use and their foolish behaviour while under the influence of heroin. They could make statements such as:
    - All that we did by using heroin was to make the drug dealers rich. They and their families live comfortably. Their children are educated in prestigious schools while our own families starve without even proper food to eat. Is this what we worked so hard for?

- When we used heroin, we committed robbery, and we did lots of difficult, yet degrading jobs that made others look down on us. When I remember those days, I feel ashamed of myself.

- I feel embarrassed when people refer to me as a "drug addict".

- Creating a situation in which heroin users feel embarrassed about their use of heroin. The users could be reminded of instances in which their spouses accused them of being weak or in which others complained of their bad odor. They could also be reminded of the times at which they were unable to stand up by themselves and the instances when they were chased away from their own homes.

The process of using Shame Attacking Activities aims at making heroin users feel ashamed of what they have become as a result of using heroin. Service providers too could make statements that increase the users' sense of shame. Below are a few examples of statements made by users and possible responses that could be made by the service providers.

"It is difficult to stop"

- "Where is your backbone? Are you such a coward?"

"I can't sing or paint"

- "It seems like you have lost the ability to do many things after you started using heroin."

"The atmosphere at home is not good"

- "The atmosphere at home can never be good if you keep using heroin."

In addition to responding to spoken statements of users, service providers could also instruct users to produce a written list of the foolish behaviour that they engaged in while under the influence of heroin. Here too, service providers must take steps to make the heroin users feel ashamed of some of the groundless and irrational beliefs that they hold and are unable to neutralize.

Paradoxical Magnification

Paradoxical Magnification involves the further magnification, rather than neutralization, of the users' thoughts. It must be noted that this approach is not suitable for all heroin users as with those users who are more sensitive than others, the treatment could do more harm than good. When using this method, service providers should also be careful not to increase the users' fascination with heroin and related behaviours. Examples of how thoughts are followed by the possible responses are:

- **“I experience diarrhea when I stop using heroin.”**
    - “Yes, you may pass blood with your stools as well.”

- **“My girlfriend does not love me anymore because I use heroin.”**
    - “In that case, she would start a relationship with somebody else.”

- **“My wife does not even come close to me.”**
    - “Yes, your neighbor must be the one benefitting from that.”

- **“If I use it once, I will never be able to stop.”**
    - “Yes, if you continue to use heroin, you will not be able to stop it until your death.”
- **“I had to steal to be able to use heroin.”**
    - “Someday you will have to commit murder as well.”

- **“To be able to smoke heroin, I had to sell my child’s packets of milk powder.”**
    - “One day, you will have to sell your child too.”

- **“When I don’t use heroin, I feel so scared that I tremble.”**
    - “When you don’t use heroin, there’s a good chance that you’d die as well.”

- **“I need heroin when I do heavy work.”**

    - “Yes, when you earn more money by working extra hard, you will be able to buy more heroin.”

3. If a monk finds that unwholesome thoughts of greed, hatred, and delusion arose in him are not eliminated by investigating the dangers of having unwholesome thoughts, **then he should strive not to recall and be inattentive to those unwholesome thoughts**. As a result of doing this, the unwholesome thoughts arising in him subside; his mind gets stable, calm, unified, and concentrated. It is like a man with good eyesight not desiring to see things in the vicinity, closes his eyes or looking away, by not recalling and not paying attention to unwholesome thoughts, the monk eliminates unwholesome thoughts.

If the above two methods fail, the technique of ignoring unwanted thoughts is recommended. When some friends insist on the individual to join drinking alcohol or using drugs, that peer pressure has to be ignored. The idea is that the individual should engage his attention on a different stimulus or activity, either cognitive or physical. This is an occasion where distraction is used wisely.

4. If a monk finds that unwholesome thoughts of greed, hatred, and delusion arising in him are not eliminated by doing this, **then he should investigate the basis for the arising of unwholesome thoughts to stop them**. As a result of doing this, his mind gets stable, calm, unified, and concentrated. It is just like a man walking fast thinks why is he walking fast and then walks slowly, again he thinks why is he walking slowly and then he stands, again he thinks why is he standing and then he sits, and finally he thinks why is he sitting and then he lies down, the monk investigates the basis for the arising of unwholesome thoughts and eliminates unwholesome thoughts.

In this approach firstly meditator has to recognize and consider the thought as unwholesome, unskillful, and irrational. As this thought is preoccupied in the mind and failed to get rid of it, he has to investigate and see evidence for it. Most alcohol and drug users have these kinds of irrational thoughts that are hard to remove.

Identifying the Irrational and Groundless Expectations of Users

For alcohol heroin cannabis or other drug users, an essential component in the process of moving towards complete independence from the user is the ability to correctly identify the false beliefs surrounding those substances. During the initial stages of recovery, users may not completely understand the extent to which these false beliefs are irrational and groundless. It must be noted that during these stages it is sufficient to simply understand such beliefs are false. A few examples of false beliefs concerning heroin are:

1. “Using alcohol or drugs such as heroin increases happiness and enjoyment in life”

2. “Alcohol heroin or other drug relieves fatigue when doing hard work.”

3. “Heroin or drugs gives relief in times of mental strain.”

- With the participation of the users, draw up a list of false beliefs about alcohol tobacco heroin, or any other drug as demonstrated in the above examples.

- Prepare a list of statements representing true facts and false beliefs regarding alcohol, heroin, or any other relevant drug and get users to separate the facts from the false beliefs. Encourage them to present their ideas and opinions on the extent of the truth and falsehood behind these facts and beliefs.

- Gather together a list of points that would enable users to better understand the basis for the false, irrational beliefs surrounding alcohol and other drugs. Present this list to the users and discuss each point with the users.

Examine the Evidence

Instead of blindly accepting false beliefs on heroin as the absolute truth, motivate users to question the extent to which false beliefs concerning heroin or drugs have actual proof and to question whether there is any evidence to prove these beliefs wrong. Users could further be motivated to make a list of contradictory evidence confirming that such beliefs are false as shown below.

- **"Everybody in our village uses heroin"**
  - Ask users to present proof that every individual in their village uses heroin as part of their normal day-to-day activities.

- **"I use heroin because I have a lot of problems"**
  - Ask users to list the problems that they have been able to solve successfully as a result of using heroin.
  - Ask users to prevent proof that problems will not occur as a result of their not using heroin.

- **"I forget my problems temporarily"**
  - Ask users for solid proof that heroin has enabled them to forget their problems.
  - If the heroin users do present proof, they could be asked to re-examine the validity of the proof.

- **"Once you start using it, you can never stop"**
  - A meeting with those who have stopped using heroin could be arranged. In this way, the users could make inquiries from former heroin users and gain evidence that it is possible to stop using heroin. They could be asked to present the evidence they gather.

- **"I have to use heroin to sing or to listen to songs"**
  - Ask users if they never sang or listened to songs before their use of heroin.
  - Ask users to state the exact number/percentage of singers who are in the habit of using heroin.
  - Inquire as to whether the users need heroin to perform other tasks as well.

The Experimental Technique

Users could be encouraged to investigate their false beliefs about heroin by themselves. Propose a few simple and appropriate experiments (shown below) to test these beliefs

and arrange for users to determine the extent to which they are true or false based on their observations through these experiments.

- **“I have a lot of fun when I use heroin”**
    - Instruct users to make a list of the actual feelings they experience immediately after they use heroin and to question whether what they experience following is actually pleasant.
    - On occasions that they have not used heroin along with the others in their groups, instruct the users to note down the reactions of the others in the group.
    - Encourage the users to explore the extent to which they enjoy themselves with their peer group, questioning whether they enjoy themselves more when participating in other activities as a group and without the use of heroin.
- **"Everybody ignores us, heroin users”**
    - Suggest to the users to bathe and dress well then go out in public and observe how they are treated by others. The users must be asked to note the reactions of others towards them in public places (for example shops), paying attention to whether others, at any instance, ignore them or treat them rudely. Suggest that they start by going into a shop and asking for a particular item or asking for directions from people on the street.
- **“I feel so frightened even at the thought of stopping my habit that I feel like defecating”**
    - Ask users to note how often they actually end up defecating as soon as they think of doing so. Tell users that if they do end up defecating, they should simply clean themselves and continue with their day-to-day activities as usual
    - Ask users to think of how often they would defecate when they make up their minds not to be afraid of quitting heroin use. It could be expected that users would find that by continuously not allowing themselves to feel fear the fear they experience will gradually diminish completely along with the urge to defecate.

The Survey Method

The Survey Method involves getting users to conduct a small-scale survey in order to test the truth behind their beliefs on heroin. Rather than conduct extensive research, they are expected to analyze the existing situation in their own communities and draw conclusions from it. A few examples of beliefs on heroin and how these beliefs could be tested are:

- **"Those who use heroin are powerful"**
    - Encourage the users to write down the names of other heroin users whom they know of and decide which of them play a powerful role in their community.
- **"Using heroin increases sexual pleasure"**
    - The partners of the users could be questioned on this matter. Inquiries could also be carried out among the partners of other heroin users.
- **"In our village, everybody of about my age uses heroin"**
    - Encourage the users to make a note of the exact number of individuals of their age in their villages and how many of them use heroin. This survey would reveal that of those in the relevant age group, it is only a minority that uses heroin.
- **"Once one starts using heroin, it is impossible to stop"**
    - Encourage the users to note down the number of times that they have started and stopped using heroin in the past and to explore if others in their communities have stopped using heroin completely.
- **"I have to use heroin when I face a severe problem that I find is too much for me to bear"**
    - Encourage the users to explore whether there are in reality, problems that they have managed to solve by using heroin.
    - Ask users to question themselves as to whether their problems have increased or decreased due to the use of heroin and whether heroin use has given rise to other problems.

- Ask users to find out if other users in their communities have managed to solve problems by using heroin.

- Question users on what problems they face that they feel are "too much to bear" and encourage them to make inquiries as to whether there are other non-users who also face similar problems in their communities.

- Question the users on how non-users cope with the problems they face.

- Question the users on how they learned that they could solve their problems by using heroin.

- Ask users to note how often they actually end up defecating as soon as they think of doing so. Tell users that if they do end up defecating, they should simply clean themselves and continue with their day-to-day activities as usual.

- **"We have to use heroin because of the nature of our job"**

  - Ask users to find answers out how many others in their communities are engaged in the same work and how many of them use heroin.

  - Encourage the users to question themselves on whether they use anything simply because it is available. Ask them for instance, whether individuals read books simply because books are available and how many individuals would actually be motivated to read for that reason.

The Questioning Method

The Questioning Method involves using logical reasoning to ask users a series of questions that aim at guiding them to demolish the beliefs that form the basis of their dependence on heroin. Here, the service provider does not supply answers to the question but instead, presents only a series of questions to the users as shown in the examples below.

- **"Though I like to refrain from using heroin, I end up using it unintentionally"**

  - What were you thinking about before you started using heroin?

- What was the activity you were engaged in before you used heroin?
- How much effort did you put in just to use heroin?
- Can the use of heroin happen automatically?

- **"When I use heroin, my body feels comfortable and relaxed"**
  - How does your body actually feel when you use heroin?
  - What is the taste you feel on your tongue? At which point after using heroin do you feel comfortable?
  - How does your head feel? What are the pleasures you experience?
  - How does your body feel after you use heroin? Can you describe this feeling?
  - How does your stomach feel after you use heroin? How comfortable do you feel when you don't use heroin?
  - Are the sensations that you experience after using heroin pleasant?
  - If you experienced the same feeling when not under the influence of heroin, would you enjoy it in the same way?
  - How do you feel (emotionally) when you use heroin?

- **"When people use heroin, they lose all power of judgment and are not aware of what they do"**

- What would heroin users do when faced with somebody higher in power such as a police officer?
- How do heroin users know the amount of money they have with them and the amount they have spent?
- How do they find their way back to their homes after using heroin?

- **"My whole life is a failure"**

- Do you normally fail at everything you do or do you only fail at a few things occasionally?

- Did you know that it is normal for everybody to fail at some of the things they do?

- Did you know that nobody can be successful in every single thing they do?

  - **“I get ’the sickness’ when I don’t use heroin”**

    - What is “the sickness”? What happens when you get it?

    - Do people die of “the sickness”? How many people have died of it?

    - From whom did you learn about “the sickness”?

    - What happens to you if you get the money you need to buy heroin while you are having “the sickness”?

    - If you see a policeman on your way to buy heroin and you run away, what happens to “the sickness” then?

  - **“When I use heroin, I can earn money”**

    - Have you saved any of the money that you earned after using heroin?

    - Do you have any of this money in the bank?

    - Did you buy anything for your home with this money?

    - Do you have any money even to buy a set of new clothes?

  - **“When I use heroin, I can earn money”**

    - What are you earning money for?

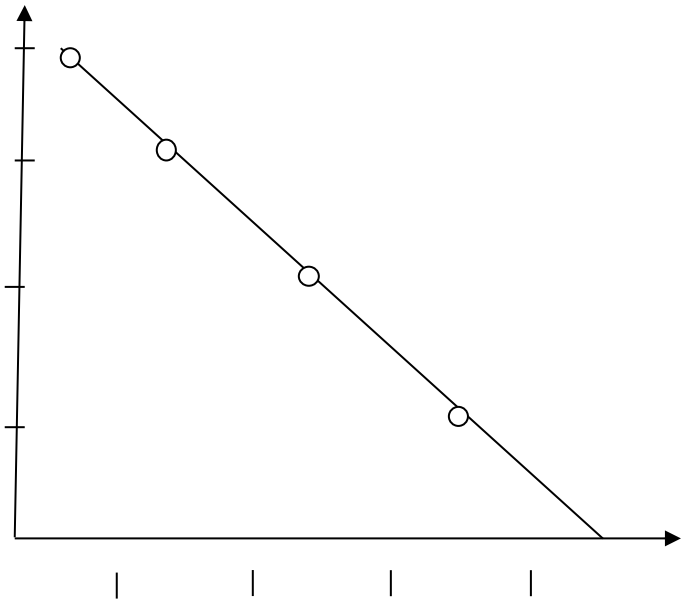
    - What do you do with this money?

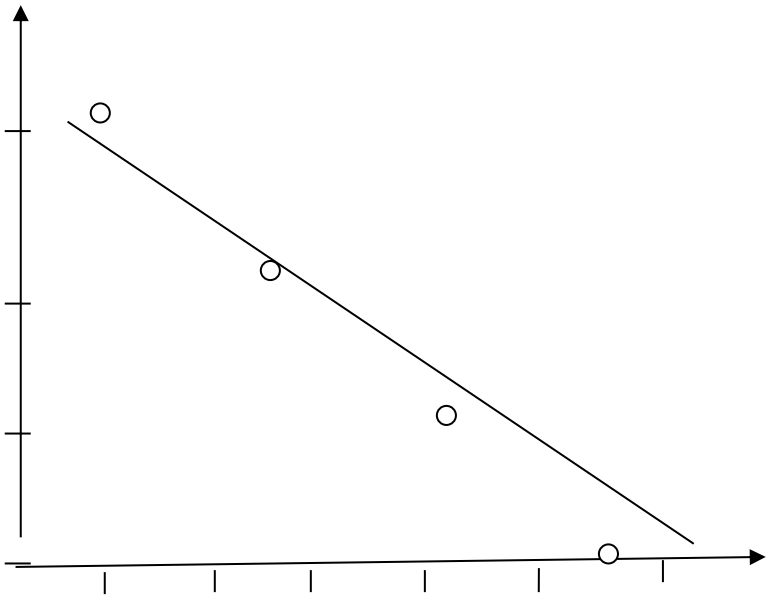
    - How do you earn your money?

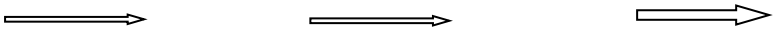
    - What do you feel about earning money in this way?

Re-Attribution

The majority of those who use heroin believe that heroin enables them to gain happiness, comfort, and the motivation to achieve their goals. However, when they are made to explore the extent to which the use of heroin actually brings them happiness, the importance that they had once given to the substance gradually decreases. For instance, the realization that the "feel" of using heroin in a group comes not from the substance itself but from the company of the group leads to the areas in the importance of heroin as a bonding factor between the user and his/her peers. The user would eventually realize that use of the heroin is actually an unpleasant experience, but that other activities within the group such as the partaking of sweets at the meeting, the secrecy involved in the act of consuming heroin, and the acceptance of the group, and the small talk among the peers all contribute towards making it a pleasant experience. The process of Re-Attribution aims at bringing about this realization in the user.

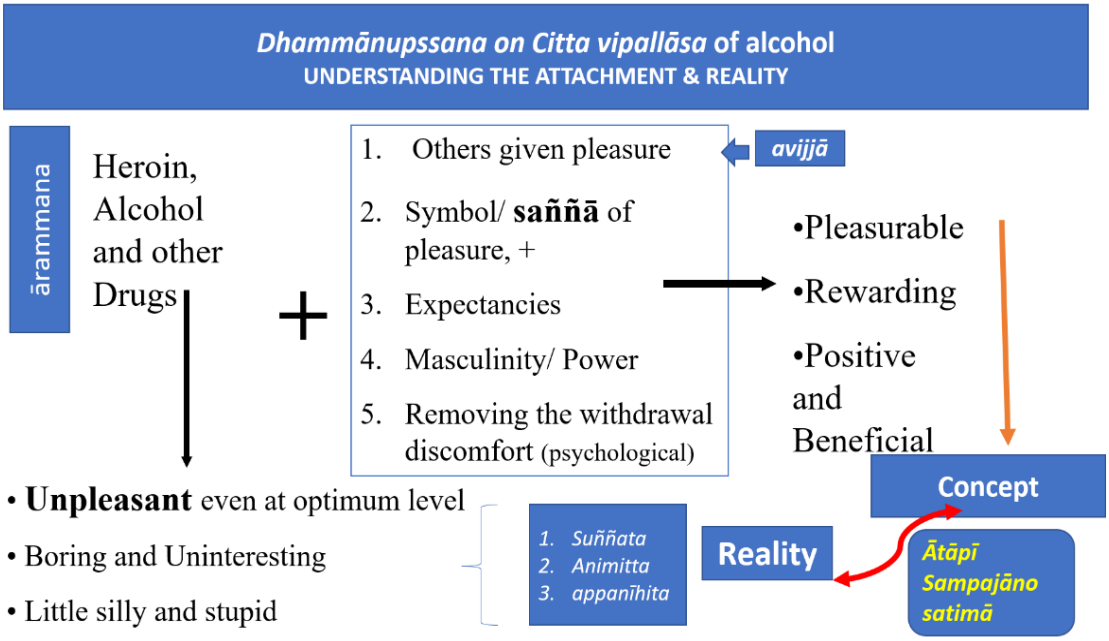






A Mind Liberated from Alcohol and Drugs 14

Analysis of the previous chapters explained that individuals use alcohol or drugs not only because of the availability and affordability of those substances but the sensual desire (*kāmacchanda*), craving or greed (*lōba*), or attachment (*tanha*) they have created in their minds towards alcohol or drugs. As Abhidammic analysis explained in chapter 3, intending to use alcohol or drugs or drug-using behaviour is performed by unwholesome consciousness (*akusala citta*) accompanied by many other unwholesome mental factors such as wrong view (*diṭṭhi*), conceit (*mana*). The reality of alcohol or drugs is that they are unpleasant unbeneficial or neutral substances. The following diagram summarises how such dull chemicals become attractive to drug users through ignorance (*avijjā*).



Fig; 18

When questioned about the alcohol, heroin, cannabis, or any other drug experience deeply, even the heavy alcohol or drug users, acknowledge that alcohol or use is an unpleasant experience. However, when taking the collective views of the society as a whole, there seemed to be an overall tendency to view alcohol or drug use as pleasant and beneficial. In Dhammānupassana, individuals have to analyse how an experience that is, in reality, unpleasant came to be viewed as pleasant. Such contemplation or analysis may reveal that this occurs is through a procedure made up of the five parts shown below.

1. Pleasure gave by others through pardoning and sanctioning alcohol-induced misbehaviour
2. Symbol of pleasure through conditioning and social learning
3. Expectations on alcohol use

4. Masculinity and power attached to alcohol or drug use.
5. Removal of withdrawal discomfort.

The pleasure provided by others

The tendency in many societies to pardon alcohol or drug-induced misconduct or to view it with tolerant permissiveness often results in alcohol being used as an alibi by those who engage in unacceptable behaviour. Alcohol or drug users are granted special privileges from family members and society in general in that they are not held responsible for their actions. However, the blame is placed on drugs. Alcohol is also used as a self-handicapping strategy allowing users to perform any task poorly under the excuse that they are under the influence of alcohol, thereby saving them the humiliation they would have had to face if sober. This again is a socially held expectation regarding alcohol, that it inhibits proper physical and mental functioning. Alcohol or drug users perceive and enjoy this pardoning and sometimes sanctioning of alcohol or drug-induced behaviour. Contemplating and developing the knowledge that, it is not alcohol or drugs but the privileges given to users by others is what is beneficial, may help the user to remove the attractiveness of alcohol and drugs and reduce attachment.

Symbolic meanings (*saññā*) attached to Alcohol or Drugs

The attribution of the increased feelings of joy and goodwill on special occasions to alcohol could be explained through the two learning processes, classical and operant conditioning, and social learning. This is better explained through the process of pairing a naturally occurring response to a particular stimulus with another stimulus to produce the desired response, which would otherwise not naturally occur to the latter stimulus. Through this process of conditioning, alcohol or drugs become a symbol (*saññā*) of pleasure, relaxation, rebelliousness, and many other positive events.

Expectancies (*appekkhā*)

Expectancies are the wrongly held views (*miccā diṭṭhi*) on alcohol or drugs such as alcohol helps to forget problems, relax or enjoyment are nothing but illusions or privation of view (*diṭṭhi vipallasa).*

Masculinity and power

It is indeed a blessing that in many cultures, the majority of women generally consume little or no alcohol or drugs. The same however cannot be said of men, countless numbers of whom have over the years, fallen victim to the many tactics used by the promoters of alcohol and drugs and various social beliefs that push them into alcohol or drug use. Very often, the reasons that push them to use alcohol or drugs are based solely on the premise of being born male. It must first be noted that the concept of "masculinity" as it is most popularly known, is no more than a man-made set of expectations or a sociocultural construct presenting a fixed image of what an "ideal man" should be. It is an image that all men are expected to

live up to regardless of what their true characters are. Differences in the normative drinking patterns help reveal to what extent societies differentiate gender roles, for example, by making drinking behaviour a demonstration of masculinity or by forbidding women to drink as a symbol of subservience or to prevent sexual autonomy.

Among the many problems that come with this form of masculinity, or Hegemonic Masculinity, is the promotion of alcohol or use as an integral part of being a "man". While hegemonic masculinity is harmful to both women and men and has proved disadvantageous even to those who promote it, most people simply accept the concept unquestioningly, thinking of it as something natural to all males. When questioned on what exactly masculinity is, many would state characteristics such as the following:

The following characteristics could describe areas of masculinity (Chafetz, 1974):

1. Physical — *virile, athletic, strong, brave*
2. Functional — *breadwinner, provider for the family*
3. Sexual — *sexually aggressive, experienced*
4. Emotional — *unemotional, stoic, for example, the proverb "men don't cry"*
5. Intellectual — *logical, intellectual, rational, objective, practical*
6. Interpersonal — *leader, dominating, disciplinarian, independent, free, individualistic, demanding*
7. Other personal characteristics such as *success-oriented, ambitious, aggressive, proud, egotistical, moral, trustworthy, decisive, competitive, uninhibited, and adventurous*.

However, none of these is actually characteristics found only in males. For example, when fathers were questioned on whether they would like their daughters to have characteristics traditionally associated with men such as courage, rationality, decision-making skills, and the ability to earn a living, most fathers answered in the affirmative. This makes it evident that society itself acknowledges that women should also possess certain so-called "masculine qualities". Similarly, it is important that men also have certain qualities that have traditionally been regarded as "feminine", for instance, patience, the freedom to express emotions, and the ability to be a caregiver. It is now well known that to develop properly, children need the care of both, the father and the mother. Buddhism questions and challenges these concepts of masculinity and femininity, and promotes the concept of "humanity" which addresses human beings as a whole, both male and female. Buddhism denies the gender stereotyping as it is an unwholesome mental factor of conceit (*māna*), especially the *atimāna* or *hīnamāna*.

Alcohol or drug use as a Means of Relieving Withdrawal Discomfort

It is a known fact that if one becomes accustomed to a particular habit over a period of time, the inability to engage in the habit would certainly cause great discomfort. For example, an individual in the habit of performing a social ritual daily at a particular time would feel very uncomfortable if, for any reason, she/he was unable to do so. This feeling is not generated by the ritual itself but rather by the mental conditioning that creates a deeply rooted bond between the individual and the habit. An individual in the habit of

gambling or holding bets daily undergoes several difficulties prevented from gambling or holding bets. What an individual experiences when ceasing to use alcohol or drugs is then the result of psychologically created discomforts which she/he believes would be relieved when she/he can engage in the use of alcohol or drugs once again. Here the psychological dependency on alcohol or drugs is greater than that of the actual physical effects of its use.

Liberation of mind (cēto *vimukti*)

Liberation of mind from craving or *Nibbana* is the final attainment of Buddhism as that state ends suffering forever. It is at the supramundane level that someone attains Arahantship. Liberating the mind from alcohol or drugs is a mundane level exercise but the same techniques the Buddha explained for attaining the liberated state could be used for the emancipation from suffering caused by alcohol or drugs.

Due to ignorance (*avijjā*) of;

1. Pleasure gave by others through pardoning and sanctioning alcohol-induced misbehaviour
2. Symbol of pleasure through conditioning and social learning
3. Expectations on alcohol use
4. Masculinity and power attached to alcohol or drug use
5. Removal of withdrawal discomfort,

alcohol or drugs acquire a state of pleasurable, beneficial, rewarding or positive substances to use. This is a conditioned state that is not the real effect of those substances. Due to this created attractive image of alcohol or drugs, individuals initiate and continue the alcohol or drug use. To remove this ignorance (*avijjā*) is the path to liberation from alcohol or drugs. To extinguish the desire and craving for drugs is the path to liberation from those drugs. Individuals with high intelligence can achieve this status quickly and easily. Their process is of realising the emptiness of alcohol or drugs pleasurable and comfortable due to their level of wisdom (*paññā*). In the process of attaining Nibbana, they are named *diṭṭapatta – sukha vihārā*. For others, the process in the path to liberation from alcohol and drug will be unpleasurable and uncomfortable and they have to undergo threefold training gradually and with a lot of effort, and develop faith and confidence (*saddhā*) and concentration (samadhi) They are names as saddhāvimutto.

Samiddha Sutta (AN 3.21) 3.21. Ven. Samiddha, Ven. Mahākoṭṭhita and Ven. Sāriputta analysed three kinds of persons found existing in the world. 1. The body witness (kāyasakkhī) 2. The one attained to view (diṭṭhippatto) 3. The one liberated by faith (saddhāvimutto).

Puggala Sutta (Persons) (AN 7.14) This sutta introduces seven 1. The one freed both ways (*ubhatobhāgavimutto*) 2. The one freed by wisdom (*paññāvimutto*) 3. The direct witness (*kāyasakkhī*) 4. The one attained to view (*diṭṭhippatto*) 5. The one freed by faith (saddhāvimutto) 6. The follower of the teachings (*dhammānusārī*) 7. The follower by faith (*saddhānusārī*).

The following two charts explain the different types of people on the supramundane path of liberation and individuals on the path to liberation from alcohol or drugs also categorised in the same way as its mundane application.

	Abhinivēsa - Two		*sotapatti-magga*	**Middle 6**	*arahatta-phala*
Supramandane Path Lōkōttara magga	*Eight Jhānik attainments* *Ashtha Samapatti*	Paññā Dhura Through wisdom	Dhammānusārī	kāyasakkhi	Ubhatobhāga vimutta
		Saddha Dhura Through faith	Saddanusāri	kāyasakkhi	Ubhatobhāga vimutta
	Without *Jhānic* attainments *Shushka Vidarshaka*	Paññā Dhura Through wisdom	Dhammanusari	Dittappatta (*sukhā paṭipadā*)	Paññā vimutta
		Saddha Dura Through faith	Saddanusari	Saddhāvimutta (*Dukkhā patipadhā*)	Paññā vimutta

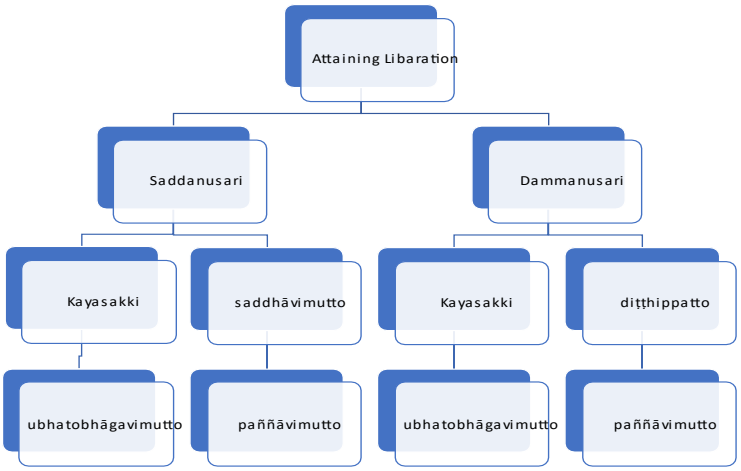


Fig 19 & 20

To understand the nature of attaining Arahantship the liberated state nibbāna and its supramundane level is important to understand a mind liberated from alcohol or drugs at mundane level. let's examine how nibbāna is explained in Buddhist psychology; *parinibbanti anāsavā* - those free from obsessions (*āsava*) attain nibbāna and *Tanhakkhayo hi nibbānaṃ* - for the destruction of desires is nibbāna. These implies that with the destruction of craving for alcohol or drugs individuals can liberate their minds from those substances. According to Buddhist psychology individuals can attain Arahantship the liberated state through either of three doors (*vimōksha mukha*). Bhikkhu Bodhi in the book A Comprehensive Manual of Abhidhamma mansions as follows;

> "It is threefold according to its different aspects: Nibbana is called the void (*suññata*) because it is devoid of greed, hatred, and delusion and because it is devoid of all that is conditioned. It is called signless (*animitta*) because it is free from the signs of greed, etc., and free from the signs of all conditioned things. It is called desireless (*appanīhita*) because it is free from the hankering of greed, etc., and because it is not desired by craving."
>
> As a function of the threefold character of Nibbana, as specified above, it follows that there are three modes of emancipation or three ways to approach Nibbana, three paths. Thus, when the Abhidhamma comes to the "Analysis of Emancipation" (vimokkhabheda), it distinguishes "The Three Doors to Emancipation"

Three doors of Emancipation (*vimōksha mukha*)

Emptiness or Void (*Suññata*) Emancipation

If with the insight leading to emergence one contemplates on non-self, then the path is known as the void or emptiness emancipation. Individuals and the society at large, have attributed many positive qualities to alcohol or drugs and made them a magical substance that produces whatever wishes. In other words, society has attached a personality or self and soul to alcohol and drugs. Many alcohol or drug users consider that drugs are the most important thing they want and their energy and life come from those substances. Once this magic is removed, these substances just become empty chemicals with no good use. More you understand alcohol and drugs through developed insight and wisdom, alcohol or drugs become less magical and the individual will experience the emptiness of alcohol and drugs. With this knowledge, the individual eradicates the greed and craving for those substances to get his mind liberated from alcohol or drugs.

Signless (*animitta*) Emancipation

The contemplation of impermanence is termed contemplation of the signless (*animitta*) because it abandons 'the signs of perversion' (*vipallasa nimitta*), that is, the deceptive appearance of permanence, stability, and durability which lingers over formations owing to the perversion of perception. Many alcohol or drug users think that drug use helps to forget problems, ease tiredness, or produce euphoria are those signs of pervasions (*vipallasa nimitta*). Contemplating those wrongly held expectancies or beliefs and challenging them will develop wisdom (*paññā*) that helps to eradicate the greed and craving for alcohol or drugs.

Desirelessness or Unpleasantness (*appanīhita*) Emancipation

If an individual contemplates on suffering, then the path is known as desireless (*appanīhita*) emancipation. When someone uses alcohol or drugs, what experience is nothing but suffering (dukkha)? As discussed under *vēdananupassana* meditation, individuals can contemplate what they feel in the body, after using alcohol or drugs. They could do it by thinking of themselves (*ajjhattaṃ*) or any other person (*bahijjā*). They may feel nothing but discomfort and by contemplating alcohol or drug-related dukkha, they can eradicate the greed and craving for alcohol or drugs.

Bibliography

Bhikkhu Bodhi, 2012. A Comprehensive Manual of Abhidamma. Kandy: Buddhist publication society.

Jayarava, 2012. Proliferation An exploration of the concept of papañca in the Pāli Suttas with translations of relevant texts.

Kaṭukurunde Ñāṇananda, 1971. Concept and Reality in Early Buddhist Thought. Kandy: Buddhist Publication Society.

Hans Olav Fekjaer, 1993. Alcohol and Illicit Drugs, Myths and Realities. Colombo: Alcohol and Drug Information Centre.

Samarasinghe Diyanath, 2005. Strategies to Address Alcohol Problems. Colombo: FORUT

Paramabandhu (1994) Buddhism and Addictions, Addiction Research, 1994, Vol. 2, No. 2, pp. 183-194, USA: Harwood Academic Publishers.

Harold C. Urschel, (2009), Healing Addicted Brain the Revolutionary, Science-Based Alcoholism and Addiction Recovery Program. USA :

Bruno A. Cayoun Sarah E. Francis Alice G. Shires, 2019,.The Clinical Handbook of Mindfulness-integrated Cognitive Behaviour Therapy, A Step-by-Step Guide for Therapists.USA: John Wiley & Sons, Inc Katie Witkiewitz,

G. Alan Marlatt, Denise Walker (2004) Mindfulness-Based Relapse Prevention for Alcohol and Substance Use Disorders. Journal of Cognitive Psychotherapy, Volume 19, Number 3. USA: Springer Publishing Company.

Belinda Siew and Luan Khong (2007), The Buddha's Influence in the Therapy Room, Australia: Hakomi Forum – Issue 18,

Eric L. Garland and Matthew (2018). Mindfulness-based treatment of addiction: current state of the field and envisioning the next wave of research,

Addict Sci Clin Practice (2018) 13:14 https://doi.org/10.1186/s13722-018-0115-3

Nanayakkara S (2004, new edition 2019), Freedom from Heroin Gampaha.

Nanayakkara S. (2018), Community Based Drug Prevention , Gampaha

(not completed)

About the Author

Shakya Nanayakkara is a lawyer qualified in Sri Lanka and England and a psychologist involved in alcohol and drug prevention and treatment since 1988. Currently, he heads Healthy Lanka, an organization work in the areas of alcohol and drug prevention and treatment, child rights and gender, and works as the secretary-general of Sri Lanka Temperance Association, the oldest organization working on alcohol and drug issues in Sri Lanka for last 100 years. He is a visiting lecture on Health Promotion in the University of Rajarata, Sri Lanka. He was a former teacher of Abhidhamma when he was young.